Annual Quality Report

Southern Health and Social Care Trust

Quality Care - for you, with you

Safety, Quality & Experience South

2020/2021

Chief Executive Foreword

It would be impossible for me to do a report for the last year without starting back in December 2019. A new type of coronavirus called novel coronavirus (2019-nCoV, or COVID-19) was identified in Wuhan, China. Within three months, it had spread to Europe, and by March we had our first case in the Southern HSC Trust (the Trust).

The events of those three months in 2020 are the background to this year's Annual Report. It is hard to explain the devastating impact this virus has had on our community – but through this Report we will give a snap shot of our last year, the tragedy of so many deaths, the amazing work of our staff, the major changes across all our sites to keep our services running, and the challenge we face moving forward in a global pandemic.

It was clear early in January that we would need to be preparing for the worst. We stood up our Incident Response team, and planned our response to this new Virus that was causing serious respiratory illness.

These were difficult and urgent conversations. We made decisions to stand down services so we could train staff to look after seriously ill patients on our designated Covid-19 ward on the Craigavon Hospital site.

We made an early decision to consolidate our Covid-19 patients on one site – to concentrate respiratory expertise in one place, and provide resilience as inevitably staff became unable to work because of Covid-19. We had to stand down elective care, community services, day care – and temporarily closed Daisy Hill Hospital Emergency Department (ED), and transferred the service to the Craigavon site. For the next 6 months, we ran two EDs – respiratory and non-respiratory – so as far as possible we could separate Covid and non-Covid patients.

The supply and management of PPE became a priority for the Trust – working with our regional colleagues to develop a distribution system for millions of items a week.

A staff well-being village was constructed initially on the Craigavon site, and then replicated in Daisy Hill. Staff psychological services were set up, a staff Covid-19 testing programme implemented and a massive programme of digital support for staff to work from home was set up. People heeded advice, stayed at home and helped keep the pressure off our services.

During June and July, lockdown was relaxed, and we slowly and cautiously started to rebuild our services.

Unfortunately Covid-19 continued to spread through our local community and in August outbreaks were identified in both Craigavon and Daisy Hill Hospitals.

Cases in our communities, and subsequently in our hospitals, continued to rise through the Autumn.

Even with a brief lockdown, numbers continued to rise and by December 26th 2020, Northern Ireland was back in a full lockdown.

The first three months of 2021 have challenged all of us. Admissions to our hospitals – Craigavon, Daisy Hill, South Tyrone and Lurgan – were more than 4 times higher than during the first surge. The prevalent strain in the Trust was identified as the Kent variant, which increased transmissibility, drove up case numbers and increased COVID admissions to hospital.

Despite nine months of unrelenting pressure, our staff once again stepped up. No matter how busy we were, staff kept going, doing what was needed in the most difficult times. Our services were stretched as never before – a heart-breaking time for staff, patients and families, but also stories of survival, teamwork and resilience that will stay with me forever.

The pandemic isn't over and we still face many challenges but there are so many positive developments for health and social care that we need to use going forward. Our digital capacity to support patients and users has been a huge plus this year – we can keep in touch with patients without them needing to be in a hospital or clinic. More convenient, safer and accessible, however, some key services inevitably need to be face-to-face and doing that safely continues to present challenge.

We need to make good decisions for our populations – how do we provide the best service for everyone. Health and social care in NI was fragile before Covid-19. Those pressures we were managing in 2019 haven't gone away – but going forward will require more collaboration across all areas of the service, sharing expertise, breaking down barriers – looking at the whole system and pooling our resources to the benefit of most people.

Covid-19 will be with us from now on – we have to learn to live with it and the impact it has on our services. Staff testing, patient and client testing will be our new normal; social distancing dictates our space and capacity; good hand hygiene is imperative – but I hope that next year I will be reporting on a year of rebuilding and progress, as we all re-adjust to our new 'normal'.

Thank you

Shane Devlin

Chief Executive, Southern Health and Social Care Trust

About the Trust

Against the backdrop of the COVID-19 pandemic, 2020/21 was an incredibly challenging year for the Southern Trust for both our staff and our population. It had an unprecedented impact on our services as demonstrated below.

44,933
Inpatients
decreased from 58,067
(a 23% decrease)

271,628
Acute Outpatients
decreased from 363,778 (a 25% decrease)

17,218
Day Cases
decreased from 37,077
(a 54% reduction)

123,135
Emergency Department Attendances
decreased from 169,709
(a 27% reduction)

22,473
Day Care Attendances
decreased from 104,322
(a 78% reduction)

5,191
Births
decreased from 5,564
(a 7% reduction)

591
Children looked after by the Trust
increased from 562 (a 5% increase)

4,382
Domicilliary Care Packages provided to Older People
increased from 4,308 (a 2% increase)

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In 2020/21 The Trust spent the equivalent of £2,435 per head of our population.

Southern Trust Overview

383,541
Population of the Trust Area
(as of mid-2018)

14,887
Staff
(11,872 Whole Time Equivalents)

£297m
Estate under Management

£934m
Annual Budget
**including COVID response funding*

Safety, Quality & Experience South

HSC Southern Health and Social Care Trust

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Our Response to COVID-19

Introduction

The COVID-19 pandemic has been the single most significant and challenging experience for Health and Social Care staff. This has been a year like no other and our staff members have responded remarkably to the greatest health crisis in a generation.

Our Approach - Patient and Staff Safety

Changes to the Acute Hospital Services

Temporary Closure of Daisy Hill Emergency Department

In anticipation of an increase in patients with COVID-19 we made changes to hospital services, in particular the **temporary closure of Daisy Hill Emergency Department (ED)**. To ensure the safety of staff and patients, the decision was made to run one ED based at Craigavon Area Hospital. This move allowed us to consolidate our emergency, intensive care and respiratory expertise all on one site.

Phone First

Due to increasing concern about the volume of patients entering the ED a **'Phone First'** system was introduced. This new 'Phone First' approach aimed to help those patients fit to 'walk in' to the ED, get the most appropriate care as quickly as possible and avoid busy waiting rooms. Therefore the key purpose of this system was to minimise footfall and promote social distancing in all health care facilities, ensuring everyone's safety.

Introduction of Virtual Visiting

In March 2020 in response to the pandemic, we suspended in-person hospital visiting. Being mindful of the negative physical and mental health implications of isolation, it was evident an alternative visiting system needed to be put in place. For this reason, the Trust introduced a structured and centralised virtual visiting service that was accessible to all patients and visitors.

Virtual visiting has become embedded in the visiting culture of our Trust and is recognized by our senior management team as an ideal complement to conventional face-to-face visiting services. We have collected service user feedback from Care Opinion (a platform where individuals can share their experiences of UK health and care services) and the response has been remarkably positive.

Care Opinion
What's your story?
Click here for further information

> *"Mum is in her 80's and technology is not her friend and she is unable to use it… I live in London and I have recently finished chemotherapy so this service lets us see each other…A video chat with my family always cheers my mum up… I find this service invaluable."*

Facts and Figures

- Within 12 months of being introduced the service had surpassed 5000 visits, accommodating patients to reach family as far away as New Zealand.
- 99% of visitors found booking easy/very easy and 97% found the software easy/very easy to use.

Supporting Bereaved Families

Many families were sadly bereaved by Covid19. The Trust Bereavement service made proactive calls to the families of people who died in our hospital sites throughout the pandemic and a review of the calls has been completed. The purpose of the review was:

1. To quantify data (while recognising that each person's perspective is unique and important)
2. To identify learning opportunities:
   - Positive feedback
   - Learning points to enhance care and support
   - Impact of COVID-19 on grieving and bereavement
3. To inform policy, procedure and practices relating to the care of dying and bereaved people
4. To inform the future direction of bereavement care/support in The Trust/NI.

Facts and Figures

- Between 23 March 2020 and 31 March 2021, follow up calls were made to 1264 next of kin/nominated person (referred to as NoK) of adults who died in our acute and non-acute hospitals.
- Bereavement midwives supported the parents/families of babies and community children's nurses/health visitors supported the families of children who died. 1690 successful calls were made. It was not possible to reach 174 people (14%) due to incorrect information or because calls were not answered.

1. In keeping with bereavement theory, the calls are adding value to NoK experience by:
   - Listening and empathising with the bereaved person
   - Providing information and sign posting/referral to other services.
   - Providing an opportunity to identify lingering questions or concerns.
   - Securing a process to address questions or concerns in a timely manner will resolve issues and reduce the number of dying/death related complaints received by the Trust.

The calls have been welcomed with relatives commenting:

"This is an excellent service and thank you for thinking of us".
"I now know that others feel the same way and that I am not going mad."

2. The needs of call respondents reflect the ***pyramid of bereavement support*** (figure 1),

- 59% receiving only one call (step 1 &2). Here NoK reported frequently they were doing ok or they could understand their grief and had the support of family and friends.
- 25% of respondents received 2-4 calls and 2% received 5-13 calls. Additional calls provided the opportunity to support the person until they recognised they were doing better or were signposted to other services with most referred to 3rd sector bereavement support (step 3) and a small number for psychological intervention (step 4).
- Some were assisted through multiple calls to get gaps in their knowledge/understanding or concerns addressed.

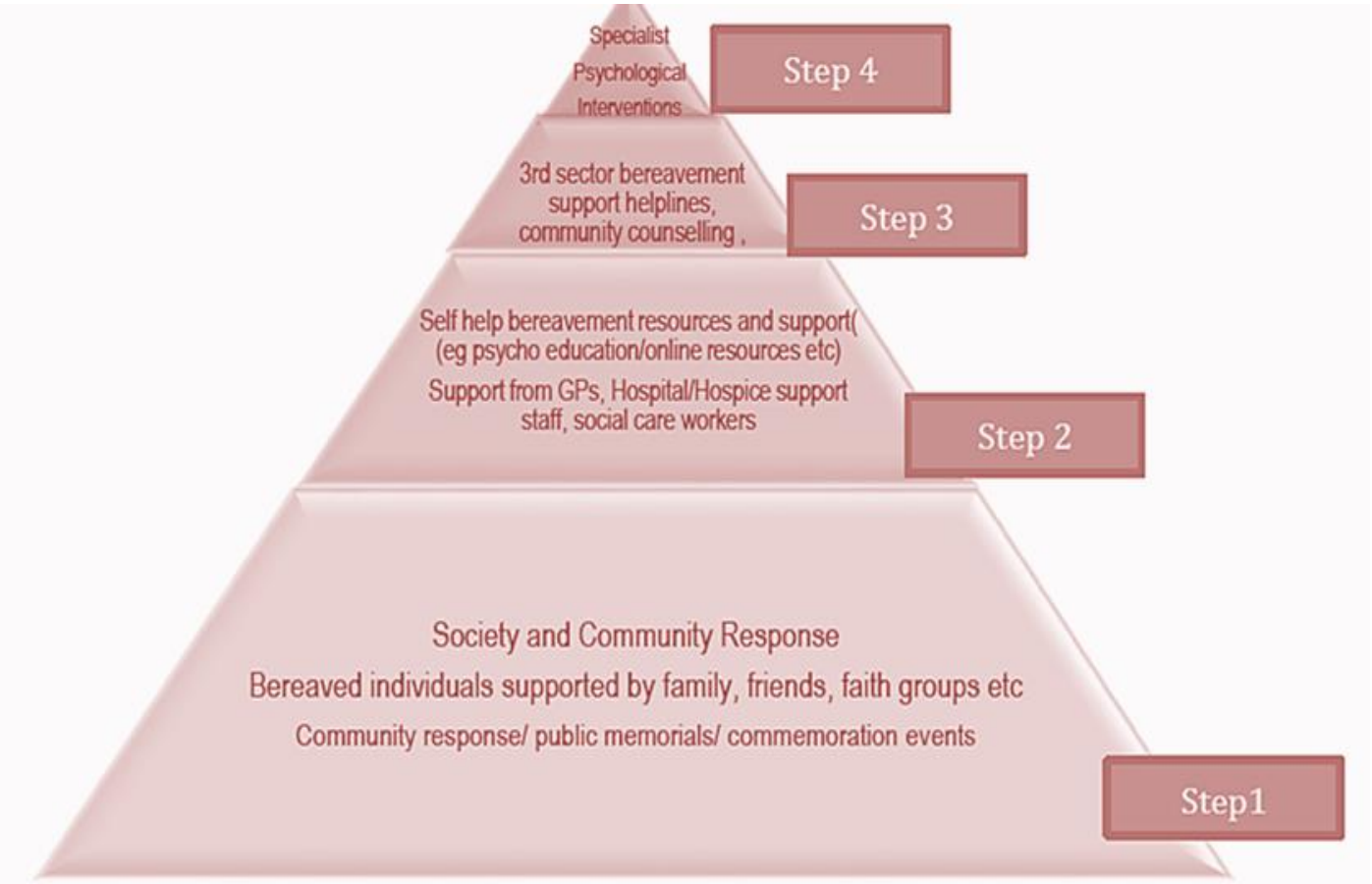


Figure 1: Pyramid of bereavement support (Adapted from IHF, 2020)

Bereavement theory proposes that appropriate support at the bottom tiers normalises grief and can prevent people from needing support further up the pyramid. It also enables the identification of need and onward timely referral when additional support is required.

Pandemic specific factors are evident in people's grief. Of note is:

- The impact of separation, not being present with the person, needing to shield self or others.
- Not seeing the person after they died.
- Restricted after death care and funeral rites.

- Isolation from family and friends. Family members were unable to travel, friends unable to meet in person and grieving people unable to engage in restorative, diversionary hobbies and behaviours due to lock down restrictions. In keeping with previous studies, loneliness was frequently reported especially by those without a network of family and friends.
- Perceived/actual hospital acquired COVID-19 caused anger or distress for some.

The team are beginning to receive calls from people seeking assistance whose loved one died 9-12 months ago who are struggling with the impact of COVID-19 grief factors. This mirrors previous studies of grief following natural disasters. The extent of complicated grief from the pandemic will become evident in the coming months and years.

3. The calls provide information on personal experience to inform service development and delivery. A review of the records distilled care and treatment factors greatly appreciated by Next of Kin with timely communication, compassionate staff, and the contribution of the whole team and completing after wishes mentioned. NoK were especially grateful for having time with their loved one which, they acknowledged, was not possible for others. They also greatly valued the efforts taken in some cases to dress their loved one in their own clothes which prevented them being buried in a shroud.

Poor communication negatively impacted the experience of care along with poor staff attitude and lack of empathy and lack of attention to core care. Restricted family presence has been especially distressing as has the loss of personal valued belongings. These remain areas for improvement.

Summary of findings

The record review provides evidence of the added value outreach calls have provided not only for grieving next of kin but as a rich source of user experience feedback for the Trust. The Evaluation Report is being finalised to inform our next steps moving forward.

Safely Managing COVID 19

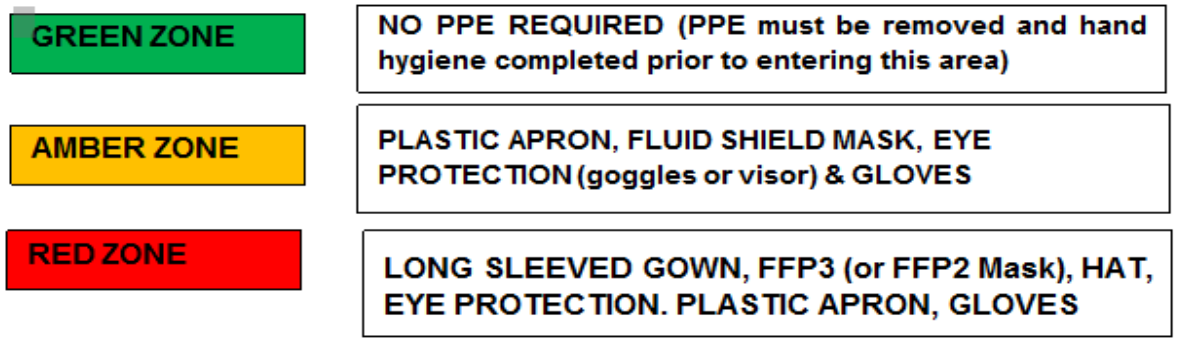
The Trust developed a comprehensive Incident Response System that linked into regional arrangement and prepared a comprehensive plan for how to manage COVID 19 across all our facilities. As every clinical area had to be zoned and safe routes established, so to was the need to provide safe and effective rest areas for our staff.

Transmission Reduction Strategy

Donning and Doffing

The use of PPE has been an important measure to reduce the transmission of COVID to health care workers. The level of PPE required depends on: Suspected/known infectious agent; severity of the illness caused; transmission route of the infectious agent; and the procedure/task being undertaken.

Prior to commencement of their shift staff entered the donning area where they put on the appropriate PPE dependent on which zone they would be working in, (outlined in the image below). The correct removal of PPE (doffing) before break periods and end of shifts was also imperative in order to get any benefit from PPE.



Zoning

A zoning strategy red (Aerosol generating procedure, AGP) and amber (non AGP) and wards designated for the management of COVID positive patients have been in place since March 2020. Early on in the pandemic, areas within the cramped clinical areas were maximised for clinical use rather than non-clinical use. Unnecessary footfall was reduced so as to maximise the space per patient. Non clinical areas in the wards were relocated as far as possible. The Trust has written to every member of staff regarding the need to follow guidance of social distancing. The Trust has developed posters, pod casts, videos etc. to remind staff of the importance of social distancing and adherence to PPE and other IPC guidance.

Estate Services

The year 2020/21 was obviously not a normal year for Estates and apart from progressing all the behind the scenes works as normal despite BREXIT and Pandemic, the focus was mainly in providing a considerable amount of urgent reactive works in social distancing, temporary accommodation, accommodating displaced services and helping set up lots of COVID related services including vaccination and testing sites. Extensive planning and work went into erecting the staff village on the Craigavon and Daisy Hill Hospital sites and was erected in a short time. Estates also ensure work was completed to convert the main Craigavon Area Hospital dining room into an 18 bed ward over a 3 week period.

The Staff Village

The staff village was introduced to Craigavon Area Hospital in April 2020. It was made up of a large marquee and several portacabins, located in the car park opposite the main building. The area offered refreshments, hand creams with essential oils, rest areas and quiet rooms for staff to use. Dedicated male and female shower, change areas and toilets were also in place outside the main building. Given staff feedback, the managers showed a commitment to keep the spaces for calm space for staff and families. There was an opportunity for staff to link with the Psychology team on an ad-hoc basis.

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COVID 19 HOSPITAL MANAGEMENT PLAN –ON- A -PAGE : Site Flow & Surge Capacity

REFERRAL

All Southern Trust area – Emergencies to CAH only

(DHH ED closes wef 28th March 2020)

SELF Referral

NIAS - Ambulance

GP / GPOOH Referral

Primary Care COVID19 Assessment Centre(s) 1

8-10pm

7 days

TRIAGE

ASSESSMENT

Minor Injuries Unit @ STH

AC@H / Virtual Hospital Ward- Enhanced support wef 30 March

RESPIRATORY ED
PPE –Red Zone
Main ED Dept

COVID 19 +VE – Decision re: level of care

COVID 19 - QUERY?
Side Room – on designated ward to wait result
Positive result @ 4 hrs – remain on designated ward
Negative result @ 4 hrs, divert to DHH if clinically appropriate

Non- RESPIRATORY ED

*NEW (Dermatology OPD)

(Non- COVID19) – Patients NOT Swabbed

- Divert to DHH for med/ surgical admission if clinically appropriate
- Assessment and / or treatment & Discharge home
- Admission to CAH for specific medical/ surgical intervention/ treatment: Complex Surgery Only
- NEW* Paediatric and Mental Health pathway

PAEDIATRIC ED - *NEW Management of Paediatric Emergencies - Transfer to BLOSSOM UNIT

MENTAL HEALTH – ED *NEW
Management of MH Emergencies - - Transfer to FERNS/ BLUESTONE

PPE - GREEN ZONES

STAFF VILLAGE –*NEW
Carpark area in front of Main hospital CAH

- Canteen and Staff Rest area
- Psychology / Staff H&WB support
- Admin and Storage

PPE DONNING / DOFFING AREAS - AS PER SITE FLOW MAPS

Discharged HOME Returned to GP

CAH ADMISSIONS

PPE – RED ZONE

CAH – ICU

ICU/ CRITICAL CARE
8 BEDS

PPE -AMBER ZONE

NON-CRITICAL CARE COVID +ve CAPACITY
318 BEDS

WARDS
- 3 South Elective
- 4 North /4 South
- 1 South etc

PROTECTED BED CAPACITY (Non-Covid)
89 BEDS

- Stroke 18 beds
- Cardiac (1 North) 25 beds
- Trauma 28 beds
- Haematology 13 beds
- Surgical (eg sepsis, bleeding, airway obstruction) – 4 South *5 beds

** subject to regional IS /IH/ cross Trust capacity*

DAISY HILL HOSPITAL (DHH)

BED CAPACITY (Non-COVID)
165 BEDS

Site designated Non-COVID initially – subject to SURGE needs below:

Divert to DHH for admission non-complex surgery

DHH DAU utilised to provide surgical hot clinic - Hrs

Direct Admission to DHH wards for non-respiratory medical admissions in agreement with senior physician

BASELINE - Core Acute Adult Bed Capacity
580 BEDS
- Covid = 326 Beds (inc.8 ICU)
- Non-Covid = 254 Beds

PHASE 1- SURGE

CRITICAL CARE CAPACITY
Max 16 BEDS

ICU /Theatres/Recovery

NON-CRITICAL CARE COVID CAPACITY
228 BEDS

Adjusted in line with CAH site O2 capacity/ Usage for COVID patients

Non-COVID BED CAPACITY
171 BEDS

DAISY HILL HOSPITAL
BED CAPACITY (Non-COVID)
165 BEDS

ACUTE ADULT BED CAPACITY
580 BEDS
Covid = 244 Beds (inc.24 ICU)
Non-Covid = 336 Beds

PHASE 2- SURGE

BELFAST CITY HOSPITAL 6 + Beds

EXPECTED DEMAND @8/4/20
30 Beds (BWCS Reg Model)

DAISY HILL HOSPITAL
CAPACITY 50 BEDS

Potential to convert to Non –Critical Care COVID Beds - based on max O2 site capacity

DHH
BED CAPACITY (Non-COVID)
115 BEDS

ACUTE ADULT BED CAPACITY
580 BEDS
Covid = 294 Beds (inc.24 ICU)
Non-Covid = 286 Beds

PHASE 2+ SUPER SURGE

CAH CANTEEN
CAPACITY 19 BEDS

* New 100% reliant on O2 cylinders &/ or O2 concentrators / suitable COVID patients requiring no oxygen
** TBA

Non-COVID BED CAPACITY
45 BEDS

CAH - RAMONE Wards
- Ward 1 (DCC)-11 Beds
- Ward 2- 17 Beds
- Ward 3- 17 Beds

CAH Flex Up Existing wards
CAPACITY 17 BEDS

DHH
CAPACITY TBC

** O2 Cylinders required to increase capacity

DHH
BED CAPACITY (Non-COVID)
144 BEDS

- Flex up Existing wards - 10 Beds
- Paediatric IP Beds - 19 Beds

MAXIMUM SHSCT Acute Bed Capacity
690BEDS
Covid = 313 Beds (inc.24 ICU)
Non-Covid = 377 Beds

Community Step Down/ Community Recovery

SOUTH TYRONE HOSPITAL
44 BEDS
- Ward 1 18 Beds
- Ward 2 18 beds
- Flex -up wards 8 beds

LURGAN HOSPITAL
51 BEDS
- Ward 1 16beds
- Ward 2 18 Beds
- Ward 3 17 Beds

Residential & Nursing Home
- Stat. Res Beds 97
- IS Res Beds 529
- IS Nursing Beds 1,785

MAXIMUM SHSCT
Non Acute Bed Capacity
- LH 51 Beds
- STH 44 Beds

95 BEDS

Nursing and Residential

2411 BEDS

Increasing Our Workforce Capacity

In March 2020 a Regional HSC Workforce Appeal was launched with a re-launch in September 2020 to further boost numbers across all staff groups.

Facts and Figures

We had almost 5,000 applications to the Appeal. During the 2020/21 year we appointed in excess of 900 applicants from the Workforce Appeal, including over 300 Nursing Assistants onto our Nurse Bank.

Our workforce was further enhanced by the return of experienced retiree's into a range of clinical and non-clinical roles and the early release of final year nursing, AHP and medical students from universities to provide capacity in our hospital wards and community services.

New systems and processes were adapted during the pandemic to safely facilitate the continuing recruitment of staff, e.g. virtual interviews and streamlined pre-employment checking.

The Trust Human Resource team had a 25% increase in payroll processing actions during 2020/21 supporting line managers with essential pay processing for new employees commencing via Workforce Appeal and adding the student workforce to the Trust's payroll.

We will continue to remain prepared for future waves, closely monitoring service needs in critical and priority areas and refreshing our talent pipelines as necessary.

Medical Workforce

During the 2020/21 year, 10 consultants / senior medical staff returned from retirement into clinical practice to help the Trust in response to the global pandemic.

Our Medical Human Resource Team worked with the region to establish new opportunities for medical/dental/physician associate students to join the trust as Student Technicians. This was a great success with them providing invaluable support across many services during the last year. We currently have 147 students who remain on our 'bank' today and continue to provide additional support, as and when required.

From 1st April 2020 to 31st March 2021, there were 8,903 medical locum shift requests, with 7,767 shifts being filled – a fill rate 86.22%. This is an increase of 2,880 shifts, compared to the same period last year (01 April 2019 – 31st March 2020) when 6,023 shift requests were received. 1,071 shift requests received by the Medical Locum Team were specifically in relation to COVID 19; which equates to 12.03%.

The global pandemic saw our medical workforce respond tremendously to the huge challenge every single day. Our Consultants within Anaesthetics and Intensive Care had to immediately change their working pattern to work 'resident overnight' for the first time in their careers.

Keeping Our Finger on the Pulse

The Trust's Emergency Planning team introduced COVID 19 Daily SiteReps to ensure our Senior Management Team were informed daily on the implications of staff absence on specific service areas, with interventions as necessary, for example reprioritisation of services, and/or additional resources through the HSC Workforce Appeal or internal redeployment of staff.

Childcare & other Caring Responsibilities

> *"Flexible working has been vital, particularly to overcome childcare challenges"*

Our staff have worked hard throughout the pandemic to manage work and personal commitments. School closures and reduced health and social care services have impacted greatly on many of our staff, (a predominately female workforce), increasing their caring responsibly pressures. The Trust encouraged service areas and line-managers to be as flexible as possible, taking into consideration needs of the service – where possible staff have been able to work more flexibly, for example working from home and/or working alternative work patterns/hours. This helped ease some of the burden around childcare arrangements and other off the job home responsibilities.

Working from Home

> *"Working from home – more productive, reduces parking stresses all round, less travel time (less pollution). – For some more family friendly"*

In March 2020 at the outset of the pandemic, a small number of Trust staff worked from home on occasion. By the end of the 2020/21 year we supported almost 4,000 staff to work wholly or partially from home. This required significant changes to our processes, procedures and data management across the Trust. Many of our clinicians provided services to our community virtually, avoiding the requirement of face to face appointments where it was appropriate to do so and reducing the risks to our service users.

Technology Enabled Change

The reliance on Informatics throughout the COVID-19 pandemic has been unprecedented. Staff across a range of directorates and professional backgrounds highlighted the support provided to them by our IT services not only in the provision of laptops and platforms to support virtual working and meetings as well as rapid deployment of `Apps` and tools to ensure we could provide team and management oversights of our data and information.

> *"Availability of laptops, remote working and being able to hold virtual meetings via desktop client, Zoom and tele conference worked well."*

Facts and Figures

Laptops: **1,064** additional laptops deployed

Remote Users: **3,830** staff set up with the ability to work remotely

Virtual: **3,470** Zoom user accounts set up which hosted **66,427** meetings and a total of **250,000** meeting hours

The introduction of digital alternatives to working allowed clinicans to continue to deliver a service via virtual clinics. Although this is not ideal in every circumstance it has allowed clinicans to keep working their way through waiting lists and re-assess urgency of patienrs during very uncertain times.

> *"I believe virtual clinics worked well, it reduced waiting times and allowed clinics to carry on. It also reduced the amount of foot traffic in the hospital which in turn reduced the risk of infection spreading".*

IT Services Programme Management

Projects successfully implemented during 2020/21:

- **Directory of Services** – An interactive Primary Care facing website detailing Unscheduled Care service information which is available on any device and any location.
- **Staff App** – A bespoke mobile app available on personal devices created for SHSCT staff with up to date information on COVID and general staff information.
- **SharePoint Landing Page** – The new and improved internal SharePoint site with a more user friendly, easy to navigate and easy to search front end.

- **Lilie Labs** – Upgrade to the latest version of Lilie with a new interface to Belfast Trust labs. This improved the lab turnaround times for COVID tests conducted in house.
- **Visconn** – The implementation of a virtual consultation platform to enable virtual clinics with patients to take place during COVID.
- **Flow COVID Enhancements** – The addition of many more COVID icons including confirmed and suspected COVID, oxygen requirements and infection COVID contact.

PARIS Team

New Developments in 2020/21

- Staff COVID screening application for Occupational Health.
- Virtual COVID follow up contacts for patients attending our Emergency Departments – Virtual Hospital Service.
- Virtual COVID follow up contacts in Nursing and Residential Homes – Acute Care at Home Virtual Service.
- Virtual Hospital Programme services have been sest up for patients to have additional support at home post COVID this is a collaboration between the Respiratory service and the Virtual Hospital Service.
- New case note created for recording the COVID screening questions in advance of an appointment.
- Regular updates from Craigavon Area Hospital lab. COVID positive results into PARIS alerts.
- New regional COVID recording codes agreed and implemented in the system.

Emergency Redeployment of Staff

Processes were put in place to support the internal redeployment of staff. Suitable roles were identified and adjustments put in place to help boost staffing in areas of need. Our Human Resource team assisted Managers with risk assessments for staff who were identified as being more vulnerable to the effects of COVID e.g. support was provided to help facilitate placing Black and Minority Ethnic staff, pregnant staff and staff considered to be clinically extremely vulnerable in suitable working environments and ensuring that all measures were put in place to ensure that they felt safe to be in the workplace.

Providing Support to our Staff

In March 2020 in response to the COVID-19 pandemic our Occupational Health and Wellbeing Service (OH&WS) commenced a 7 day COVID-19 helpline for Trust staff and managers. The team were assisted with the running of this helpline with redeployed and bank staff. From March 2020 – March 2021 the OH helpline received and responded to 15,290 calls and 11,007 staff and family members have been referred for testing. They have also provided advice to managers regarding self-isolation requirements and fitness for work.

In an urgent response to the pandemic the COVID-19 testing team was set up at Craigavon Area Hospital screening POD. This 7-day screening service supports the screening of pre-operative surgical patients, staff and the implementation of the national SIREN (SarsCoV2 Immunity & Reinfection Evaluation) study. This study has surpassed the 250 participants target and is the first Trust in Northern Ireland to do so.

A Staff Contact Tracing team has also been set up as an extension to the staff COVID-19 testing team. This is a temporary service set up to meet the unprecedented need identified during the COVID-19 pandemic and currently operates 8.30am-11pm, 7 days per week.

Staff Accommodation

During the pandemic it was imperative that we support our staff and maintain their safety whilst ensuring service continuity. The Trust worked with key stakeholders to provide alternative accommodation options for staff including internal accommodation on-site or hotel Accommodation. Criteria for accommodation was agreed and an accommodation helpline available for staff was implemented during phase one of the pandemic.

Creating a Great place to work

As a result of 2019 HSC Staff Survey and subsequent staff engagement sessions our 'Creating a Great Place to Work' initiative was introduced in autumn 2020. It has 3 strands that focus on all our **people**, our managers / **team leaders**, and our **teams**. This initiative aims to encourage and promote the 3 key themes highlighted as important by our staff; ***Health and wellbeing, Relationships and Behaviours***. We offered bite size support and development opportunities via a range of delivery methods that our staff could access as and when they chose to.

> *"A strong sense of team spirit and that we really are all #inthistogether"*

The staff engagement survey reflected heightened levels of team spirit and camaraderie across the organization during the initial stages of the pandemic. Team support provided colleagues with a shoulder to cry on or a comforting word when they felt overwhelmed. As we learn to live with COVID 19 pressures, we need to continue to be responsive to the needs of our staff.

Furthermore, collaborative working across organisational boundaries helped us further breakdown barriers across services as staff were working together differently to deliver the best possible patient outcomes. Staff have expressed the benefits of the formation of new relationships throughout departments, citing

> *"Camaraderie – regardless of pay band we all worked together and it provided a great opportunity to work with and meet new people"*

they have a new found respect and understanding of the role colleagues provide and they hope to maintain the new found friendships going forward.

Support from our Communities

The community response to the pandemic was significant with many donations being received across trust sites and services.

> *"Coordinated effort around donations from business and communities to support the trust – all the PPE, scrubs, food, drink, toiletries and other items that were donated"*

Businesses and individuals contacted the trust to offer support in a variety of ways, this was recorded centrally and acknowledged by way of thanks.

Donations provided include, but not limited to: -

- Electronic devices to support virtual visiting
- Food and drinks for staff
- Hot food deliveries facilitated by local chip vans
- Toiletries

1,900 comfort packs were delivered to frontline teams and community staff

Workplace Health and Wellbeing

Staff Health and Wellbeing Rooms

Staff health and wellbeing rooms were put in place. This was led by the trust's Psychology Staff Support Team & Health Improvement Teams. These rooms were decorated with greenery and items to ground staff into the present moment including essential oil massage creams and sprays; posters with key messages, music and sensory lights.

Physical and Mental Health Initiatives

Specific initiatives such as '20 minute Care and Support Spaces' which were one to one independent confidential conversations to help staff focus on their health, wellbeing and wellness and a virtual café 'Café Connect' which allowed staff to boost their wellbeing through connecting and chatting with others were offered to all staff.

A Mental Health Sub-Group was also established in March 2020 in response to COVID-19 with membership from Promoting Wellbeing, Recovery College, and the Psychology team. Dedicated resources were developed on topics related to the emotional impact and psychological challenges facing staff. Topics included:

- Hope
- Anxiety
- Taking one day at a time
- Self-care and compassion

In total 35 short video clips pertaining to the above topics were developed and shared with staff. A social media campaign was developed with daily messages and inspirational quotes to promote the topics via corporate communication channels and these were also shared as a 'Thought for the Week' via the Trust staff App (SHSCT Connect). Vivienne Toal, Director of Human Resources and Organisational Development highlight's the importance of the staff app stating:

"Engaging with and listening to our staff is fundamental to helping us create a great place to work. One of the key areas staff told us we could improve on in the 2019 staff survey was communication and engagement.

While we try to be proactive and circulate information regarding news, staff benefits, health and wellbeing on a regular basis, we recognise that many of our colleagues do not have easy access to a computer, emails or the intranet.

We hope this app will help ensure that everyone is in the know and allow us to connect with and engage with all our staff across the organisation, quickly and effectively".

A significant number of events were organised and promoted including physical activity classes and webinars on a range of topics. During this year the usage of UMatter website by staff to access information, advice, events and services in support of health and wellbeing has continued to grow. UMatter includes initiatives such as online

- Online Pilates
- Mental health training
- Guided wellbeing practices

Facts and Figures

- UMatter web statistics show an **increase to 15,927 users (2021)** compared to **3,807 users (2020).**

Several new sections have been added to UMatter throughout the year including: -

- COVID information for staff
- COVID and mental health
- COVID and financial health
- COVID and family health
- COVID and staying at home
- COVID and staying active.

Approximately 60 Health Champions support and promote health and wellbeing activities, initiatives and the UMatter website among their colleagues and teams.

Supporting Care Homes

The Trust worked closely with the Independent Care Providers to ensure safe and effective care during COVID 19. Care Home Hub Daily was established which was a multi-professional, cross directorate group with representatives from OPPC, MHD and Infection Prevention and Control who met regularly (frequency dependent on the issues and the number of homes in outbreak) to support identification of risks and identify additional support or to manage this.

Changing Job Roles in Response to COVID-19

Staff were very flexible and responsive and redeployed to other services throughout the year and were redeployed to a variety of services (acute wards, swabbing team, occupational health and the vaccination centre). Staff welcomed the opportunity to work in different roles and meet new colleagues during this time.

Olivia Delaney, Nursing Governance Coordinator was redeployed to the COVID allergy clinic from January – April 2021 and provided the below statement.

"My work within the COVID allergy clinic encompassed triage of those patients and staff who were unable to receive their vaccine within the South lake vaccination setting.

This role enabled me to set up allergy clinics with my colleague, whom was from an occupational health background. I used a variety of organisational, leadership and networking skills to help, establish and set up these clinics from risk assessment, Governance and health and safety perspective. Therefore this provided a high standard of patient care, to ensure that all staff/patients received their COVID vaccination, within a controlled clinical environment.

The positive and satisfaction response has been phenomenal and both myself and the team have received several positive care opinion feedback stories.

This has enabled us to respond maintain and continue to strive for excellent care within the clinical environment.

The small, but highly skilled team continues to triage and offer opportunities for vaccination which would not have been possible without it.

The job satisfaction and reward I receive cannot be put into words.

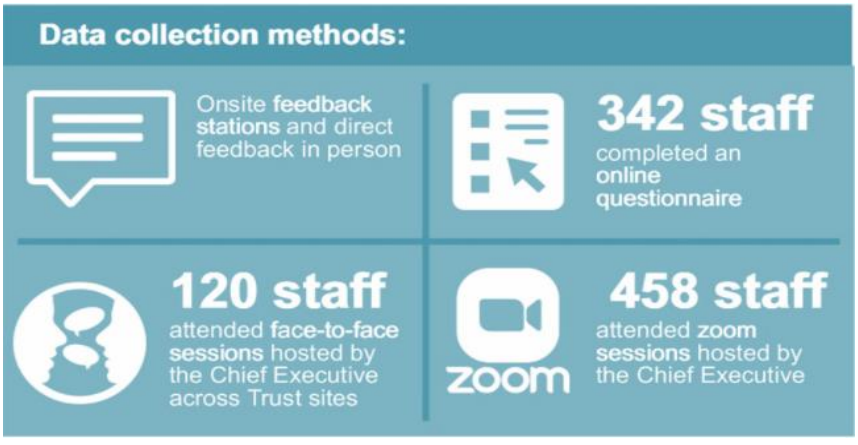
The ability to use empathetic listening and communication skills to place yourself within each patients situation has been a true privilege".

Listening to the Experience of Staff

A major staff engagement exercise was conducted to identify the lessons learned from the Trust response to the pandemic. The Chief Executive, Shane Devlin, was keen to engage with staff across all directorates to hear their experiences first hand and thank them for continuing to provide essential services during the ongoing pandemic.

Staff feedback was sought to ascertain views on what went well, what did not go well and what can we learn moving forward. These views were captured as follows: -

- Zoom sessions
- Socially distanced face to face meetings
- Manual and online surveys



The feedback captured holistically underpinned ten key themes which are outlined below: -

The thematic review of Staff feedback has been used to inform how we support our staff moving forward and has been instrumental in the development of our Trust's People Plan due to be launched in Autumn 2021.

Establishing a COVID Vaccination Centre

From November 2020 the Trust was preparing for the roll out of the COVID-19 vaccination programme. In December 2020 the mass vaccination centre was set up at South Lake Leisure Centre with the help and support from our partners in Armagh, Banbridge and Craigavon Council. This service is offered over seven days; vaccinating priority groups, with the first group to be vaccinated being Health and Social Care staff. As part of the wider vaccination programme by February 2021 the Trust had vaccinated all staff and residents in care homes and supported living facilities in the area.

Facts and Figures

75,000 Vaccinations

As at March 2021 approximately 75,000 vaccinations have been administered.

Health Minister Visit to the South Lake Leisure Centre Vaccination Centre

Along with partners in Armagh City, Banbridge and Craigavon Borough Council, the Southern Trust welcomed the Health Minister to the vaccination centre at South Lake Leisure Centre to meet those involved in helping to deliver the vaccination programme within the Southern Health and Social Care Trust.

Speaking at the vaccination centre in Craigavon, the Health Minister said: "As we slowly and cautiously start to lift the restrictions that have become part of our lives there is no doubt there is much to be optimistic about. The success of our vaccination programme is down to the professionalism and dedication of all those across our Health and Social Care system, many of whom will have seen first-hand the devastation that Covid-19 has brought to families across Northern Ireland.

The Minister added: "It has been a privilege to visit the Trust vaccination centre and to see the work being done by the vaccination team. It is testament to them that we have now administered over 1 million vaccines and over 831, 000 people in Northern Ireland have now received a Covid-19 vaccine."

Also speaking at the Southern Trust's vaccination centre Mr Shane Devlin, Chief Executive said: "I am delighted that over 100,000 vaccinations have now been administered via the Southern Health and Social Care Trust's Vaccination programme. This includes care homes, supported living facilities, inpatients programme, allergy clinics, homeless hostels, day care, day opportunities and South Lake vaccination centre.

Annual Services of Remembrance

It was not possible to hold the annual services of remembrance in traditional format, two services were recorded and uploaded onto social media platforms on the 1st November 2020 with staff and the public invited to have the name of their baby, child, young person, adult or colleague remembered on our remembrance trees.

Facts and Figures

The religious service, linked through Facebook and YouTube, received over 20,000 hits across the 2 platforms and the non-religious service was viewed over 300 times on the Trust YouTube channel.

Feedback from relatives who accessed the services suggests that it is a welcome option for some who would struggle to participate in person alongside other bereaved people.

Going forward, a blended approach through streaming or recording our services will extend the reach to wider audiences than in previous years. Bereaved individuals were also remembered in the Christmas 'pause for thought' service recorded by the Chaplaincy team and guidance for grieving at Christmas was posted through Facebook and the U-Matter platform.

Managing COVID-19 Outbreaks

It is important to acknowledge that COVID-19 outbreaks have occurred within the Trust during 2020/21. This has been very challenging for patients, family members/carers and also for the staff involved.

Any outbreaks have been subject to full investigation and it is important to learn from this moving forward. The Trust has shared our experiences at a Regional Learning Workshop hosted by Public Health Agency, which involved representatives from the Department of Health, Health & Social Care Board and across all Health & Social Care Trusts. This was important learning for us and any opportunity to share learning across the system is to be welcomed. Our Infection, Prevention and Control colleagues continue to ensure that our senior management team are kept up to date with any developments and key learning.

Safety, Quality & Experience South

HSC Southern Health and Social Care Trust

Quality Care - for you, with you

Theme 1

Transforming the Culture

1.1 Collective Leadership

HSC Collective Leadership Strategy

The HSC Collective Leadership Strategy, launched in October 2017, sets out the framework for creating a leadership culture based on the principles of quality, continuous improvement, compassionate care and support.

It clearly articulates an ambitious direction for leadership within HSC and consists of four distinct interconnected elements being present simultaneously:-

- Leadership is the responsibility of all
- Compassionate leadership
- Shared leadership in and across teams
- Interdependent and collaborative systems leadership.

Hyperlinks included in images

To make this a reality a number of actions were required, all of which have been subsequently progressed both regionally and internally within the Trust. The Trust actively participated on the Regional Project Group, Wider Implementation Group and Culture Assessment Tool Steering Group to progress actions this year, including:-

- We continue to raise awareness and embed our HSC values & behaviours, through including them in all corporate development opportunities and on all recruitment documentation and training. Tailored workshops also delivered to Trust staff focusing on the values and behaviours.
- To generate a baseline measurement for Collective Leadership within HSC Trusts and organisations and regionally, Affina OD (AOD) was commissioned to undertake a Culture Assessment Tool (CAT). The Trust participated in the Regional CAT implementation group and conducted a Trust wide Culture Assessment Survey in Autumn 2020/21.
- An enhanced model to support and improve team working has been designed and cascaded across the region. The Trust introduced its 'Getting Better Together – Every Team Matters' team based initiative in 2020/21.
- The Trust has also participated in the engagement with education providers particularly the universities. Sessions have been delivered to approximately 300 Year 2 and Year 3 Allied Health Professional students introducing, the components of collective leadership, why it matters and the HSC Values and Behaviours and the expectation of them as leaders entering the workplace. Whilst some planned sessions in 2020/21 were stood down as a result of COVID 19, liaison with a number of university faculties has continued throughout 2020/21 to plan to build in Collective Leadership sessions as part of the curriculum for AHP (Years 1-3), UU Nursing, UU Pharmacy during 2021/22.

- A mapping exercise against the GMC standards has been undertaken in 2020/21 in collaboration with Medical Leadership at Magee campus that will pave the way for inclusion in the curriculum in 2021/22.
- A new Post Graduate Certificate in Collective Leadership for Allied Health Professional has been developed. Recruitment is due to begin in Autumn 2021 and will commence in January 2022.
- There are plans to establish a Collective Leadership Community of Practice in 2021/22 with representation from a range of professions across the Trust.
- It is hoped that in 2021/22 links will be further developed and strengthened across the public sector to explore the potential for collaboration on the joint delivery and attendance at generic public sector Collective Leadership development programmes.

The Trust will continue to embrace and embed a culture of collective leadership culture. It is recognised this will help our workforce deliver safe, high quality compassionate care and support despite the challenges and complexity it faces.

Equality, Diversity & Inclusion

The Southern Trust welcomes diversity, recognising that difference brings value to the organisation. During 2020-21, we have taken steps to promote equality and inclusion and continue to mainstream it and make it a key strategic priority for the organisation, both now and in the future.

The Trust continues to roll out the eLearning Programme *'Equality, Good Relations and Human Rights - 'Making a Difference'* which is now mandatory for all staff to complete.

Regional Good Relations Statement

The Southern Trust is committed to the promotion of good relations amongst people of different religious belief, race or political opinion. On 10 December 2020 (*International Day of Human Rights)* the Southern Trust along with the other HSC Trusts launched our new regional Good Relations Statement. This is in line and supports our HSC values.

We recognise that to give effect to this statement, it is important that it is supported by key meaningful actions to be taken forward collectively at both regional and local levels to ensure consistency of approach. These are to be developed and taken forward in 2021-22.

We look forward to working with all our stakeholders to continue in our work to promote good relations and ensure that everyone is treated fairly with respect and dignity across all of our services and in all of our facilities.

Regional Gender Identity and Expression Employment Policy

In collaboration with other Trusts and representative organisations a Regional Gender Identity and Expression Policy has been developed. The policy is aimed at creating a workplace where the dignity of and respect for transgender and non-binary people is protected and promoted.

The purpose of this policy is to provide guidance and advice to staff and managers on the recruitment and retention of transgender and non-binary staff. The focus in 21-22 will be on raising awareness & training.

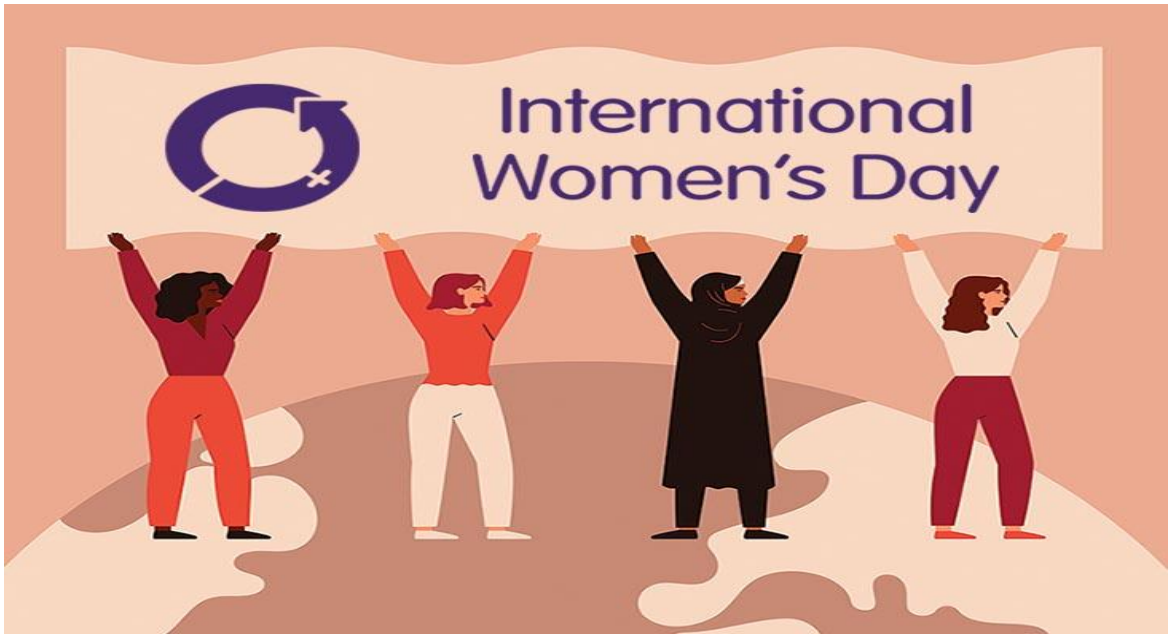
EU Settlement Scheme

During the year information received from the Home Office was regularly communicated and disseminated to Trust Staff on the proposed arrangements for the EU Settlement Scheme.

International Women's Day (IWD) – 8 March 2021

With 86% percentage of our workforce female and many working in non-traditional roles, which is helping to challenge gender stereotypes, the Trust celebrated IWD 2021, #ChooseToChallenge. Trust staff participated by showing their support and participating in the #ChooseToChallenge.

We held our first Virtual Menopause Café, continuing to raise awareness of the SHSCT Menopause at Work policy and toolkit to encourage support in the workplace for working women.

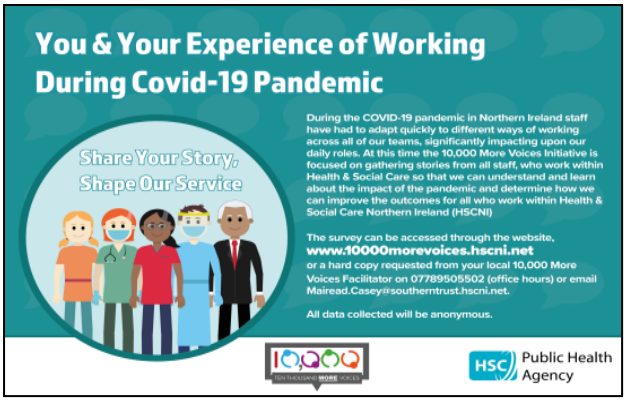


1.2 Patient and Client Experience

10,000 More Voices

In light of the ongoing COVID-19 pandemic in Northern Ireland the regional work-plan for 2020/2021 was reconfigured to capture the most recent experience of our citizens (including patients, client, relatives & staff) engaging with our HSC system during the pandemic. The system had to learn and adapt quickly during the pandemic and this has had a significant impact upon all our services. It is encouraging to see a growing demand in the need to explore these experiences and to learn directly from them using the robust methodology such as 10,000 More Voices model. Outlined below is an update on regional projects – all local facilitation by SHSCT 10,000 More Voices Facilitator.

You and your experience of working during COVID-19

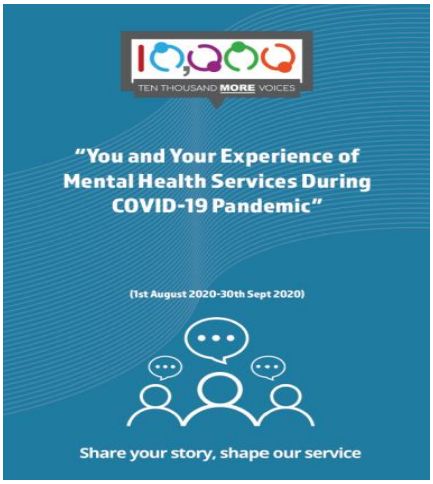


This survey was led by the Chief Nursing Officer aimed to explore the impact of COVID-19 on HSC employees. It opened on 30th June 2020. The focus was for any staff working on the front line with patients in any part of the health and social care system, including independent sector (with a particular focus on Care Homes) to share their experience.

This project closed on 15th October 2020. In total regionally 828 surveys have been processed through Sensemaker® Analyst. The draft regional report is out for comment. The report represents the collective messages from the stories shared; however a number of regional briefing papers have supported learning on staff psychological wellbeing (August 2020) as shared through the HSCQI Learning System Workshop and a briefing paper on staff redeployment (September 2020) was prepared to support work on improving the processes for Redeployment during the Pandemic.

This can be accessed at: https://tinyurl.com/yy458zvy. The final report will be shared with this Committee when published.

SHSCT - 211 stories were received from service users, carers and patients across the southern trust area.



Patient and Client Experience, Quality Improvement and Human Resources are working collaboraatively to discuss integrating learning from the various sources of feedback with the findings from the recent 10KMV surveys. It was agreed that this would provide a meaningful platform to plan way forward and outcomes. This work is ongoing.

You and your experience of Mental Health Services during the COVID-19 Pandemic

This project explored the rapid change in delivery of Mental Health Services in response to the COVID-19 Pandemic. Regionally 387 stories were collected between August 2020 to September 2020. As part of the Regional Reset and Service Recovery plans for Adult Mental Health services, this project explored various methods of engagement (telephone consultation, video conferencing and online apps) alongside core concepts of the Regional You in Mind Mental Health Care Pathway.

Summary of Key Findings

The following statements frame the key messages shared by the respondents through this study and should be considered for further development at both local and regional levels. It is important to re-emphasise these are the collective messages informed by the responses to the survey; further deeper dives into the data in relation to context questions can give support messaging in a specific area of interest, for example specific services, professions, age etc.

Continuity of Care: For service users who have been part of Mental Health Services prior to the pandemic, it is important to stay connected with the practitioners and wider team known to the service user and support continuity of their treatment and care.

Sustaining Relationship: the importance of the relationship between the service user and their mental health practitioner is key to ensuring the transition from face to face to more blended approaches to care and treatment.

Occupational Therapy: provide an important role in supporting the mental health and wellbeing of service users, in particular when activities/routines are interrupted by lockdown measures.

Communication of changes is key to support service users and carers to understand how services have changed & adapted during the pandemic; Also clarity on how or where service users can access help during a crisis is essential, in particular timely assessment for new referrals.

Choice in the methods of engagement – options in methods of engagement (telephone consultations, video conferencing and online apps) offer effective alternatives to face to face consultations in support of service users during the COVID-19 pandemic; however it is recognised there are limitations for each and they do not fully replace the value of a face to face interactions. It is important each method is explored according to the needs of the

individual and a blended approach adopted to ensure safe meaningful engagement between the service user and Mental Health Services.

Accessing Mental Health Service through alternative methods can present a barrier for individuals with more complex communication needs – for example telephone led services are inaccessible to Sign Language speakers. It is important that appropriate communication methods are developed to support accessibility for all service users requiring interaction with Mental Health Services across the region.

Partnership working remains an important part of the service users experience during the COVID-19 pandemic. In particular listening is identified as an important skill for meaningful engagement. In relation to telephone consultations it was highlighted the importance of taking time to listen and not to rush the call. Involvement in decision making needs to be further embraced when engaging Mental Health services for example informed decisions around how to best engage with a service (i.e. telephone consultations, face or face) and how often.

Facts and Figures

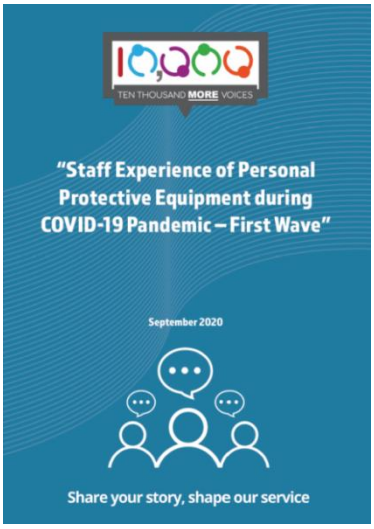
The regional target was **30 stories per Trust**,

Within the Southern Trust **40 stories were received.**

Experience of Personal Protective Equipment during COVID-19

This survey was undertaken to ascertain the staff experiences of wearing PPE during the first wave of the COVID-19 Pandemic.

Summary of Key Findings



1. The IPC teams are an essential part of the training and sharing of information in relation to PPE. This is also important in supporting staff anxieties during COVID-19 Pandemic
2. Staff value consistent messaging throughout the whole Health and Social Care system, with clear channels of communication in relation to PPE
3. It is important to staff they can share their experience of PPE and escalate any concerns in relation to effectiveness or quality
4. Although recognised as essential wearing PPE has impacted upon the health and well-being of many staff working in all areas of the system. Staff experiences have highlighted the importance of the organisations and services to implement

strategies (for example additional time and resources to support staff to stay hydrated during prolonged use) to support staff in further waves of the pandemic.

Facts and Figures

Within the SHSCT 113 stories were received from staff.

Your Experience of Mental Health Services Regional Report 2019

This project explored the core concepts of the Regional You in Mind Mental Health Care Pathway supporting the previous projects undertaken in 2012 and 2015. Regionally 632 stories were collected during the period of December 2018 to August 2019 and demonstrated a wide range of experiences including working in partnership and promoting recovery.

The final regional report was published.

Summary of Key Findings

1. The application of the principles of the Regional You in Mind Mental Health Care Pathway supports a positive patient/family experience.
2. Parents/cares highlighted the importance of being part of the plan of care to promote and support recovery of their child/relative.
3. Parents/carers identified the need to develop services and information for teenagers and young adults transitioning into adult service.
4. There is a need to focus upon the principles of the Regional You in Mind Mental Health Care Pathway for patients in crisis or attending the Emergency Departments.
5. The concept of recovery is supported through peer support groups, peer advocacy and engaging with the Recovery Colleges.
6. Mental Health Services should continue an ongoing process of meaningful engagement with patients, families & carers through a range of opportunities.

SHSCT - This final report has been shared within the Trust and an update on local improvements has been prepared by the Project Lead within Mental Health Services.

Care Opinion

New Regional Online Service User Feedback Care Opinion – Launched on 2 August 2021 (delayed from April 2020 due to COVID 19).

Local Implementation of Care Opinion

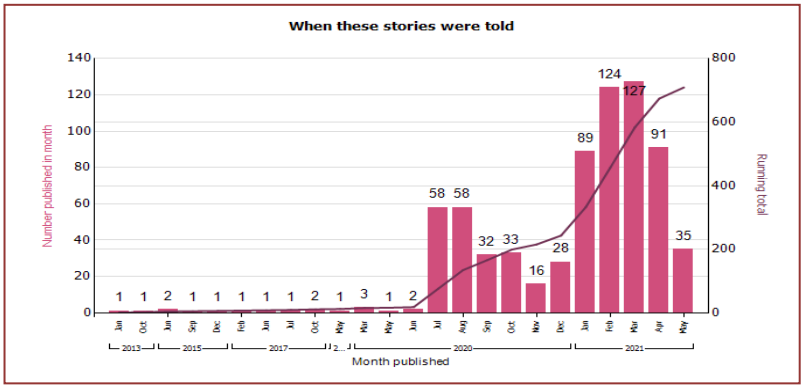
Patient and Client Facilitators engaged with a broad range of staff in operational teams to embed are Opinion within the SHSCT. The Trust has achieved a number of successes in its first 8 months promoting with Care Opinion:

Facts and Figures

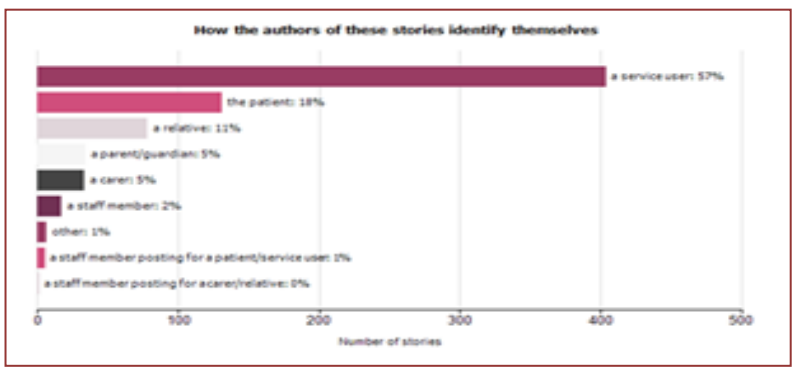
Within the Southern Trust:

- 710 stories told
- 24 storied have led to changes
- 97% response rate (to last 100 stories)
- 304 staff listening
- By May 2021, 710 stories have been received through Care Opinion in relation to experience in the SHSCT.
- The overall response rate for SHSCT is 98% within a 7 day timeframe.
- PCE Facilitators are working to engage Care Opinion across all Directorates.

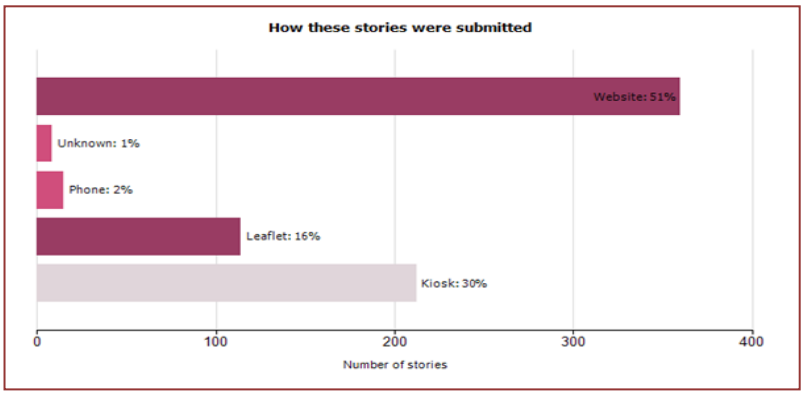
Information in relation to the stories which have been received is presented below:



There is a noteable increase in stories since introduction of Care Opinion within SHSCT



This graph outlines the variety of ways that feedback has been submitted –allowing more voices to be heard.



This graph shows the variety of methods that our service user could use to provide feedback. PCE Facilitators are encouraging all staff to promote all methods of feedback.

Changes Planned/ Made

Care Opinion allows us to identify any changes made/planned from feedback received across the Southern Trust. Please see below our planned changes across our service:

Emergency Departments

- Sharing learning at daily safety brief (completed)
- Review of name badges in ED (completed)
- Review of heating in ED (partially completed)
- Issues relating to members of the public who are exempt from wearing face masks (ongoing)

X-ray Department

- Introduction of disposable gowns for all patients attending x ray department at South Tyrone Hospital (completed)
- Review of process for patients attending STH for scans (completed)
- Review of signage (completed)
- Review of staff management during shift handover in X-ray dept. (completed)

Paediatrics/Neonatal

- Child friendly cutlery across all paediatric wards (completed)
- Review of guidance for parents in neonatal unit (completed)

Cardiac outpatients department

- Review of signage to cardiac investigations outpatients departments, which is now moved to a the former paediatric/audiology department (completed)

Memory Services Team

- Review of leaflet provision in Outpatients Department (planned)

COVID Vaccination Centre

- Improving signage to COVID vaccination centre
- Review of communication when patients are receiving COVID vaccination

Virtual Visiting Service

- Training for virtual visiting team to improve communication with patients and their families following stroke

Contraceptive Clinic

- Reinstated waiting list/partial booking system at Contraceptive Clinic

Future Changes Planned

- Quality Improvement Initiative underway to review the pathway for women and their partners following miscarriage.
- Review of car parking for patients attending the mobile screening unit on the Trust Dromalane site in Newry
- Review of Wi-Fi service for virtual visiting
- Review of information on card for deaf service users and arrange for this to be reissued to deaf service users in SHSCT
- Improvements to waiting area in Emergency Department, CAH
- Review of measures to ensure safe social distancing in Minor Injuries Unit, South Tyrone Hospital
- Dedicated phone line to deal with issues to/ from GPs in relation to queries with blood samples

Care Opinion Training Strategy

Care Opinion Awareness session

To date the PCE facilitators have facilitated over 70 awareness sessions with teams. The awareness session is in the final stages of being uploaded on the SHSCT HSC e learning platform.

Responder training

Responder training continues fortnightly, to date 255 staff have attended responder training

Celebrating 10 years of the Southern Trust Personal & Public Involvement (PPI) Panel: *A decade of service user and carer involvement*

In November 2020 the Personal and Public Involvement (PPI) Panel hosted a Virtual Recognition Event via zoom to mark a decade of the panel and user involvement within The Southern Trust.

Current panel members each recorded a video detailing stand out pieces they were involved in over the years. Recordings were shared during the event, but individual testimonies could not depict the breadth of reach the panel have achieved. Colleagues, previous members, and partners from across the health and academic fields recalled partnerships and the impact of involvement.

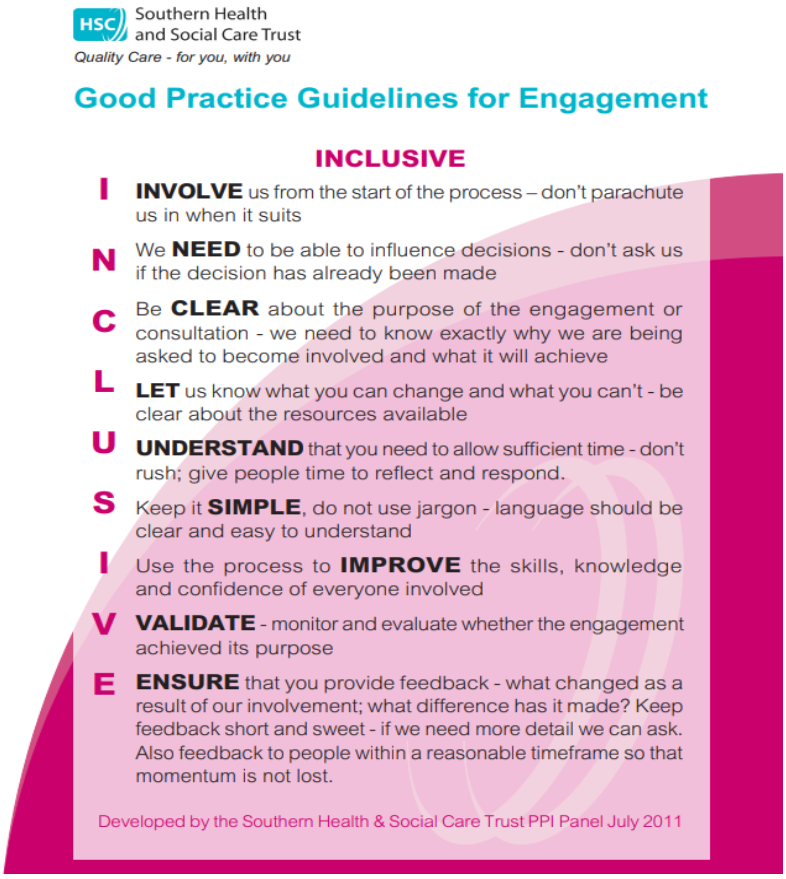
Mr Peter Donnelly, Chairperson, has been involved with the PPI Panel since the start. He said: "Although the years have passed quickly, looking back, we have achieved an immense amount of work. The panel is made up of service users and carers who want to shape and improve service design, development and delivery. I look forward to continuing this work, despite COVID and all the challenges it has brought. This pandemic has highlighted the value of our health service. Putting service users, carers and the community at the heart of all we do must continue to be our approach as we meet the next 10 years."

Panel member Mr Ray Hamilton said: "PPI has given me my voice back" while Sheila Darling, one of the newest Panel members said: "It has been a very interesting start, coming on board right in the middle of a pandemic, but a privilege to see first-hand all the efforts being made on so many fronts, to improve health and social care services for everyone."

PPI Panel Members

Good Practice Guidelines for Engagement

With COVID-19 changing how we work, and with a greater emphasis on virtual engagement, the PPI Panel felt that the Good Practice Guidelines for Engagement should be revised. In November 2020, in partnership with Trust staff, the PPI Panel developed a User Involvement Staff Guidance – Ten Tips to Effective Engagement and this has been disseminated across various directorates and teams in the Trust.



Partnership and Leadership Training

The HSC Leadership Centre was commissioned by the SHSCT to design and deliver a 3-day programme to support partnership working across the Trust. Whilst the Trust is recognised as having excellent relationships with service users, patients and stakeholders, it is important that these relationships are routinely examined to ensure the appropriate skills and behaviours are consistent with the PPI principles, HSC Trust values and recognised best practice when it comes to partnership working.

User Involvement: No More Silos

In October 2020 The Minister of Health approved the establishment of an interim No More Silos Network to produce detailed proposals for the Reform of Urgent and Emergency Care.

The '***No More Silos Action Plan'*** outlined 10 key actions for consideration to ensure that urgent & emergency care services across primary and secondary care can be maintained and improved in an environment that is safe for patients and for staff.

To implement these actions in the Southern Trust five work streams were established. Each work stream was clinically led and managerially supported with representatives from primary and secondary care and service users integrated throughout. Service users have been involved and continue to be involved in a number of No more Silo's Initiatives including developing a Cardiology Care Pathway and designing a new hospital discharge leaflet.

Support the Development of a Patient Experience Strategy

Panel members are working closely with staff from Patient Experience Team and are key stakeholders to support the development of the Patient Experience Strategy. A number of workshops have occurred where panel members have outlined areas of key importance for service users. The Strategy is expected to be published in December 2021.

Supporting the COVID Community Helpline

In response to COVID-19, the Trust's Promoting Wellbeing Division re-orientated most of its staff to establish and run a telephone-based support service for people who were shielding across communities within the Trust locality.

This was part of the COVID Community Helpline, a collaborative regional response to ensuring that people who were shielding were able to have access to food, fuel and other practical, emotional and social support while self-isolating at home during the initial COVID-19 surge.

The service was delivered in partnership with local councils, Advice NI, the Community and Voluntary Sector, and the Department of Communities.

Promoting Wellbeing staff operated this 7-day service from 9am-5pm from April 2020 until July 2020. Three 'Call Action Teams' were set up to receive calls and emails from Advice NI and internal Trust services identifying people who were shielding and/or vulnerable and requiring additional support.

Through a guided conversation, the call handlers identified the range of need and liaised closely with partners in local councils, the local community and voluntary sector, community pharmacies and other local businesses to ensure that those needs were able to be met.

Facts and Figures

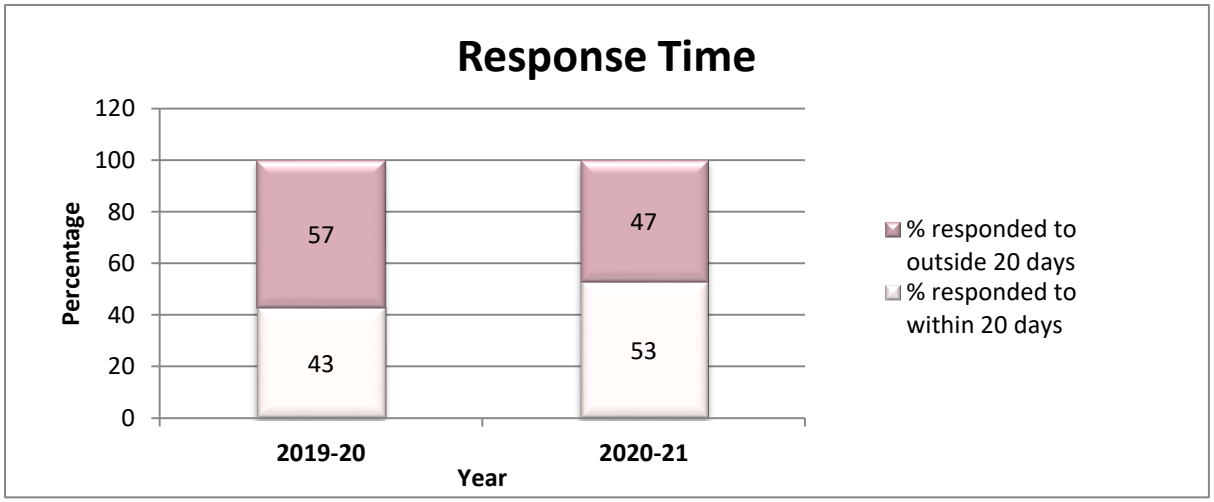
- Over the 16 weeks that the service was operational, call handlers responded to a total of **2176 contacts**.
- Half of these people were aged over 65 years and over **80% had received a letter from their GP advising them to shield.**
- Almost two thirds **(64%) requested support for access to food.**
- Other requests for support included access to fuel, medication and social contact.

1.3 Compliments and Complaints

Response Times

- Where possible, the Trust will seek to resolve complaint issues using local resolution. This can be less distressing for our service users and their families, providing a positive outcome. However, there will be times when local resolution is not possible and the formal complaints process is required.
- The HSC Complaints Policy requires Trusts to provide an acknowledgement within 2 working days and a formal response to the complainant within 20 working days of receipt of a complaint. If the Trust requires more time to complete a thorough investigation, the complainant is notified formally using a holding response letter explaining the reason for the delay. The Trust often offers meetings with complainants and the relevant clinical teams to assist with resolution of their complaint. Throughout the complaints process the Trust aims to provide the complainant with a positive experience aiming to resolve the complaint. Trust uses all service user feedback as an opportunity to learn, putting measures in place to improve services.

99% Complaints Acknowledged within 2 Working Days



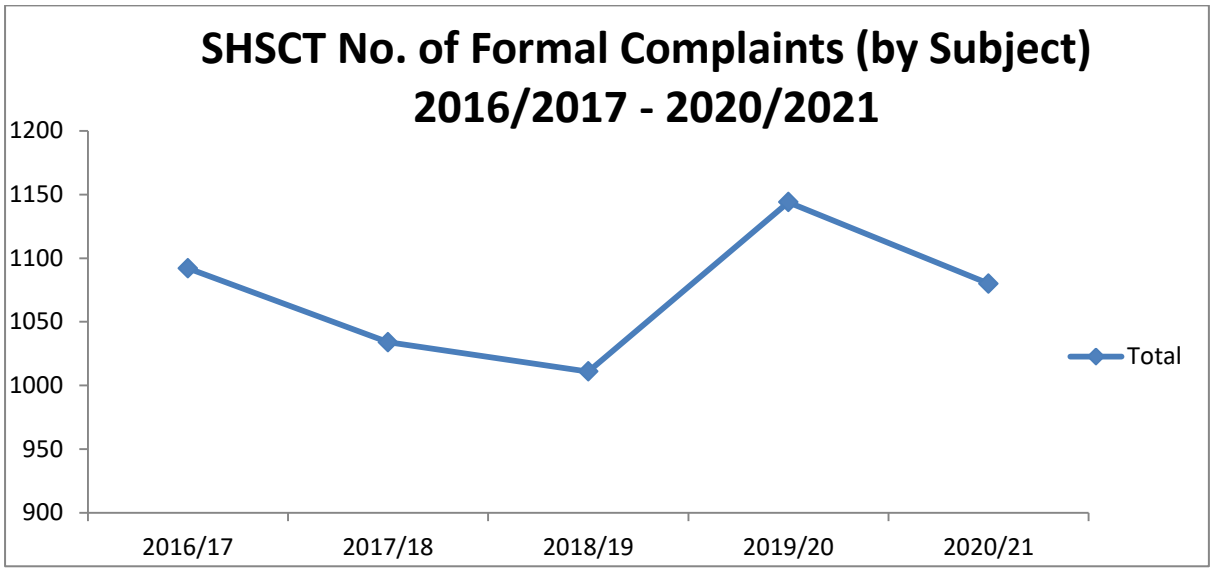
Complaints, Compliments & Suggestions

Each year a significant number of people receive services provided or commissioned by the Southern Health & Social Care Trust. The vast majority have a positive experience and are cared for by well trained professional and supportive service staff, all of whom are highly dedicated. However like any organisation, things can go wrong and when this is the case we make it our goal to **listen, learn and improve**.

Patient Experience and involvement is an extremely important and valuable resource to us. The quality and type of services we provide are very important to us. We aim to continually

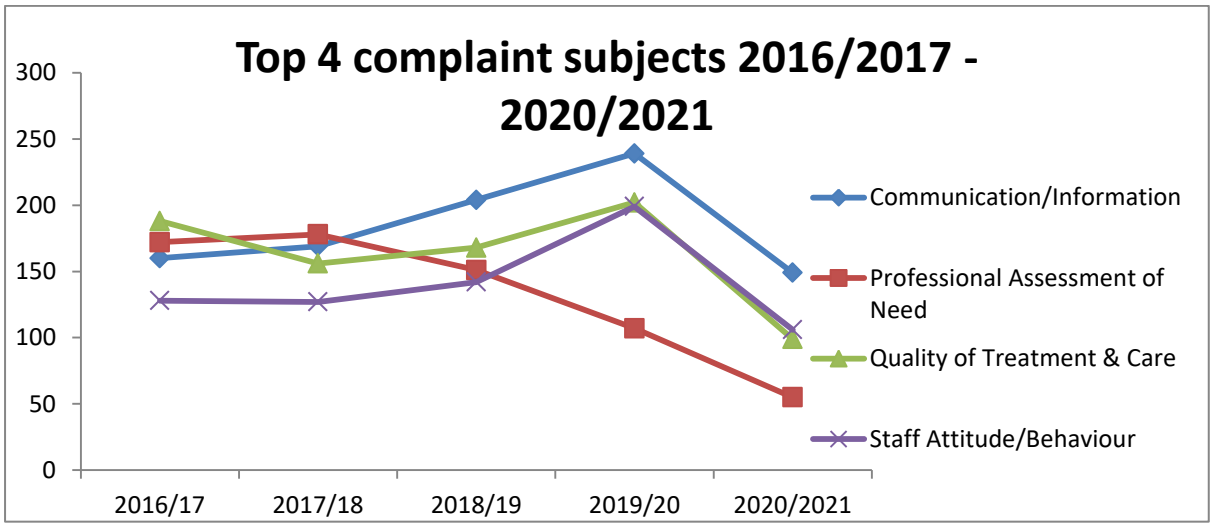
improve. People who have experienced or observed our services can help us to learn and improve by sharing their experiences.

The number of formal complaints by subject received by the Southern Health & Social Care Trust has significantly decreased this year as seen in the graph below.



The number of formal complaints by subject received by the Trust decreased from 1144 in 2019/20 to 1080 in 2020/21.

Complaints about Communication, Quality of Treatment & Care, Staff Attitude and Professional Assessment of Need remain consistent as the top four areas of complaints across each reporting period. The top 4 complaint subjects over the last 5 years are shown below:



Below is a sample of complaints received and the learning from them:

Complaint Background	Learning
Complaint Subject	**Communication/Information**
The Trust received a complaint from a patient's relative regarding a lack of communication with them about the patients transfer between hospitals within SHSCT.	This identifies the importance of communication with patients' families. The need to communicate with families, when patients are being transferred in the absence of the family, has been reinforced with all Nursing staff and with the individual staff involved on this occasion. The Emergency Department does not complete transfer documents for patients. However copies of the Emergency Department notes are sent with all patients. Nursing and Medical Staff also give a telephone handover to the receiving Team.
Complaint Subject	**Professional Assessment of Need** **Communication/Information**
Complainant was unhappy about a delay in the detection of her child's symptoms and subsequent diagnosis of the child's condition.	Learning was identified in relation to timely diagnosis of the condition biliary atresia. The Trust has been in contact with the regional Child Health system and requested that a stool colour guide be included in the new version of the parent held Child Health Record. The Trust has provided assurance to the complainant of the Trust's commitment to improving systems in order to reduce the chances of delayed diagnosis of biliary atresia occurring again in other infants.
Complaint Subject	**Quality of Treatment and Care**
Patient was dissatisfied with the availability of virtual contacts within Mental Health Resource Centres during COVID-19 when face to face contact was not possible.	Patient was reassured that Resource Centres are moving towards delivering more virtual group treatments and that she will be contacted once suitable treatment is available. The barrier to achieving this is the availability of suitable equipment and licences which is being progressed with IT.

Ombudsman Cases

When service users are not fully satisfied with the outcome from the Trust's investigation into their complaint they can raise their concerns with the Northern Ireland Public Services Ombudsman.

In 2020 - 2021 there were **25 cases** brought by the Ombudsman. ***Also within this time, 20 cases have been closed, 11 of which were closed at initial assessment and not accepted for investigation, 5 were open and 2 remained pending.

The Trust is committed to working with the Ombudsman's office to resolve service user complaints, identifying and implementing learning. We continue to work with the Ombudsman on cases raised during previous years.

***These numbers relate to previous years cases as well as those received within the 2020-21 time frame.**

Below is an example of how the Trust has responded and improved in light of an Ombudsman case for shared learning:

Background/ Issues of Complaint	Recommendations/ Learning
Complaint received regarding delay of ASD diagnosis and dissatisfaction with an initial assessment outcome that the child did not have ASD. *The Trust provided assurance that the assessment process was multi-disciplinary and in line with National Institute for Health and Care Excellence (NICE) guidelines. Each member of the multi-disciplinary team contributed fully to the clinical decision, therefore the decision that service user did not meet the criteria for Autism was made.* *Trust senior staff met with service user's parent and apologised that the supplementary information was not reflected appropriately within the service user's first assessment, and apologised for any distress caused due to the assessment process. Following a review of the initial assessment, assurance was provided that the outcome would not have changed at that time, based on the presenting information.* *Service user's parent was invited to approach the Ombudsman.*	Learning identified the importance of ensuring that assessment reports reflect the full breadth of the assessment process. The Trust provided a written apology to the complainant and child for the injustice caused as a result of the failures identified in the Ombudsman's final investigation report. The Trust provided evidence to the Ombudsman in relation to reminding staff of the importance of ensuring that Diagnostic Assessment Reports reflect all the information that is considered when reaching a diagnostic decision. The Trust now uses a regionally agreed template diagnostic report which requires that this evidence is detailed. The Trust has discussed the findings of the Ombudsman report with the relevant multi-disciplinary assessment team involved in the child's initial ASD assessment. The Trust has shared the issues identified in the Ombudsman's report with relevant staff within the Autism Service for learning, service improvement and to prevent future recurrence of the failings identified. The learning which was identified by the Ombudsman had already been identified by the Autism Service prior to the Ombudsman review. The Autism Service had taken action through quality improvement initiatives to embed the improvements within the service.

Compliments & Suggestions

The Trust is keen to learn from positive experiences for our patients, service users and their families and what aspect made it a positive experience for them.

Receiving compliments helps us identify areas of good practice. This enables organisational listening through aggregating individual compliments so that positive service user experience can facilitate organisational learning. It is also encouraging for our staff to receive recognition for the vital work that they undertake.

Since April 2020 to March 2021 we have received **2587 compliments** using our new system of recording. The table below shows this number by subject. We received an additional **593 compliments** through Care Opinion. In total we had **3180 compliments** in the 2020/2021 year.

Subject of Compliment	Card	Email	Feedback Form	Letter	Social Media*	Phone call**	Total
Quality of Treatment and Care	793	117	68	33	12	12	1035
Staff Attitude & Behaviour	558	115	70	25	14	10	792
Information & Communication	284	45	55	12	3	5	404
Environment	254	23	44	5	3	3	332
Other	11	9	1	3	0	0	24
Total Compliments	**1900**	**309**	**238**	**78**	**32**	**30**	**2587**

***Social media refers to compliments received via official Facebook and Twitter accounts only.**

****Phone calls relate to calls that have been recorded/ documented in phone message books etc.**

1.4 Adverse / Serious Adverse Incidents (SAIs)

The Trust is committed to learning and encourages reporting of incidents and near misses to identify where interventions and improvements can be made to reduce the likelihood of incidents happening.

A **Serious Adverse Incident (SAI)** is "An incident where there was a risk of serious harm or actual serious harm to one or more service users, the public or staff". The SAI must also meet one or more SAI criteria as defined within the *Regional Procedures for the Reporting and Follow up of SAIs – November 2016*. SAI's are reported to the Health and Social Care Board.

Learning from incidents can reduce the likelihood of similar events reoccurring. It is an important process to capture, promote and share learning. Adverse incidents happen in all organisations providing health and social care.

We encourage an open, just learning culture. Where learning from adverse incident is identified, the necessary changes are put in place to improve practice and avoid reoccurrence.

Behaviour

Operational Directorates have taken a proactive approach to incidents of violence and aggression directed towards staff from service users. Staff have been actively encouraged to report incidents of this nature via the Datix system. These incidents are routinely reviewed and consideration given to the need to escalate to senior management, taking account of the nature of the abuse, the severity, frequency and impact on staff. Where appropriate, the service user is sent a letter advising of the Trust's Zero Tolerance approach to violence and aggression to staff. Where necessary, consideration is given to involvement of PSNI and escalation to the relevant Risk Register.

Medication

Acute Directorate: Medication incidents are reported and investigated by local teams to identify learning and changes to practice. A **multi-professional incident review group** meets monthly to review reported incidents, share learning and identify any additional actions to reduce the risk of medication incidents.

A learning bulletin is produced each month which is distributed to medical, nursing and pharmacy staff. This is also highlighted at Morbidity and Mortality meetings and Patient Safety Briefs. Audits were conducted on monitoring post hyperkalaemia treatment, omitted and delayed medicines in hospital and intravenous paracetamol. Procedures for palliative syringe pumps were updated and timing of replenishment on wards amended. The Trust participated in National Insulin Safety Week and Hypoglycaemia Awareness Week raising awareness among medical, nursing and pharmacy staff on insulin safety and recognition and treatment of hypoglycaemia. An updated Kardex was introduced to promote improved antimicrobial stewardship and reduce co-prescription of anticoagulants and antiplatelets.

Education and training for medical staff on high risk medicines and processes continued to be provided.

Older People & Primary Care Directorate: A Medicines Management Specialist Nurse was appointed in April 2021 to focus on Domiciliary Care workforce management of administration of medicines within the community. This role audits practice compliance with procedures, including the Medications Instruction Sheet, and sharing of learning across the service. The learning from medication incidents is discussed at team meetings and shared in a Team Newsletter. This is to ensure that the learning is shared and reaches the target audience who do not have access to global emails.

CYPS: Medication Management is routinely reviewed by the Medicines Governance Pharmacist in partnership with clinical and community staff. A Lessons Learned bulletin is developed routinely and is shared across services within the Directorate.

Falls

Like so many other areas, response to the COVID 19 pandemic has been the priority over the past 18 months. Falls however, remains the major incident category for OPPC given the epidemiology of the Service Users within the Directorate. The 'Trust Falls Steering Group' has recently been re-established. An audit of the submitted falls proformas explained falls causing moderate and above harm. This will inform the Falls work stream going forward.

Acute Directorate

Facts and Figures

The Acute Directorate has seen:

- An increase in its falls rate over the past 12 months (increasing from **4.54 in 2019-2020 to 6.20 in 2020-2021**).
- This has led to the development and recruitment of 2 Quality Leads within the directorate who will reinstate the falls work plan.

The Acute Directorate continues to promote falls awareness, prevention and management among its staff. Falls Prevention education and training is delivered in partnership with the Clinical Education Centre and an e-learning module within the HSC learning platform. The directorate is committed to the implementation of the regionally agreed FallSafe bundle in all identified adult in-patient areas. This bundle contains individual elements to help reduce the risk of falls. Monthly audits are carried out by all wards to ascertain bundle compliance and identify areas for improvement. Currently a Lead Nurse represents the Acute Directorate within the regional falls working group. However it is important to note work on reducing falls since March 2020 has been affected by the increased need to focus on the COVID-19 pandemic.

Pressure Ulceration

Preventing avoidable pressure ulceration within the Southern Trust remains an integral component of safe and effective quality care provision along with being a Department of Health directive and key Quality performance indicator. Pressure ulcers can have serious implications for our patients, their carer's and families negatively impacting their health and wellbeing and quality of life.

Pressure Ulceration Action Plan

Over the previous 12 months there has been an increase in the hospital acquired pressure ulcer rate from 1.36 in 2019-2020 to 1.56 in 2020-2021. An action plan has been developed within the Acute Directorate and is currently being implemented. The recent recruitment of 2 Quality Leads within the directorate will assist in implementation of this action plan and further quality improvement innovations to reduce hospital acquired pressure damage.

The action plan includes:

- The increase of pressure care education
- The introduction of a Datix Early Alert System
- A focus on timely structured review and identification of learning opportunities to prevent reoccurrence
- Verification by the Tissue Viability Nurse
- Increased education and monitoring of Emergency Departments
- The revision of the Pressure Ulcer and Management Policy

Learning from Serious Adverse Incidents

The table below shows the number of deaths per directorate as a result of Serious Adverse Incidents.

Directorate	Number of Deaths (* if < 5)
Acute Services	20
Mental Health and Disability	23 (Including deaths from suicide)
Children and Young People	*
Older People and Primary Care	*
Total	**~43#**

Asterisks (*) represents a figure less than 5 deaths. This is to help obscure their identities.

The remainder of this section details some examples of SAIs that have occurred in the Southern Trust during 2020/21. The main focus is to demonstrate what we have done and are

doing in order to learn from these incidents and to recognise where improvements can be implemented.

Acute Directorate
Summary of Event
An infant was born at 35 weeks by planned caesarean section due to Placenta Previa. The infant had severe respiratory distress syndrome and required ventilation and insertion of chest drains. There were no identified risk indicators which would explain the poor health at birth. The infant remained critically unwell following birth and required several chest drains due to recurrent pneumothoraxes. Recurrent pneumothorax in neonates is uncommon and very challenging to manage. The infant's lung was penetrated during chest drain insertion. This did not contribute to the infant's death but was an unfortunate (and recognised) complication of this type of drain. The review team found: • Evidence of appropriate medical and nursing intervention as well as engagement with the Regional Neonatal Intensive Care Unit and ECMO teams. • Chest drain management was appropriate and was carried out by experienced senior members of the clinical team in accordance with the Procedure for Pigtail Chest Drain Insertion in a Neonate.
Learning from SAI
Recurrent pneumothorax in neonates is uncommon and very challenging to manage. The review team recommend that due to the complex and challenging nature of this condition the Trust should develop a local guideline for the management of recurrent pneumothorax in neonates. Southern Trust Guideline has been developed and shared with the HSCB for sharing with the Regional Neonatal Network. In planning for complex births a summary record should be made of multi-disciplinary team discussion, including representation from Obstetrics and Paediatrics.

Acute Directorate

Summary of Event

A standby call from the Northern Ireland Ambulance Service (NIAS) reported patient X arrival with a low conscious level measured on the Glasgow Coma Scale (GCS). Patient X GCS improved spontaneously following admission and no anaesthetic support was required.

Prior to transfer for a CT brain patient X had a left sided weakness and this scan reported a suspicion for acute infarct. A decision was made to commence thrombolysis (clot busting drug) based on the patient X's clinical assessment consistent with a severe stroke.

A CT Angiogram (CTA) (a scan to look at the blood vessels in the brain) was ordered to detect the presence of a blockage within large blood vessels. Following thrombolysis and prior to the CTA, patient X's condition deteriorated requiring intubation and ventilation.

The CTA and repeat CT brain demonstrated strokes and confirmed evidence of blocked arteries.

The case was discussed with the Regional Thrombectomy Service; however there was no clot retrieval service available that evening. The advice was to repeat the scan early the next morning to establish the extent of the stroke and consider re-discussion. Repeat imaging confirmed an extensive stroke, following a period of neurological assessments patient X was pronounced deceased.

Learning from SAI

Patient X presented with a reduced conscious level and was not initially triaged as a stroke so a delay in obtaining the CT brain was identified which should have prompted an immediate referral to the stroke team.

A CTA should be considered in the immediate management plan of patients presenting with suspected severe stroke and fulfilling guidelines for thrombectomy.

Recommendations and Actions

The Southern Trust has agreed a pathway for appropriate stroke patients to receive a CTA at the time of their CT Brain to aid treatment decisions.

A patient information sheet will be produced explaining the decision making for thrombectomy and decompression including criteria for identification of patients and the potential outcomes.

The stroke team will have a regular education slot (every 3months) through the ED teaching programme to update on stroke cases presenting through ED and targeted learning including time lines for thrombolysis, thrombectomy and stroke admissions.

Mental Health and Learning Disability Services Directorate

Summary of Event

This case relates to the suicide of a person who was involved with Trust Mental Health Services.

Learning from SAI

The SAI review identified the need to routinely offer a referral to the Self-Harm Intervention Programme (SHIP) when a patient not previously known to Mental Health services presents with reported attempted suicide or self-harm. Such offers of a referral should be recorded in PARIS whether accepted or declined.

The review identified the need to make every effort to obtain a next of kin contact name and address during crisis intervention and to document if the patient declines to provide this information.

Older People and Primary Care

Summary of Event

This SAI was raised to investigate the care afforded to the Service User at end of life. The Serious Adverse Incident did not contribute to the death of the Service User.

Learning from SAI

Although the finalised report has not been submitted there has been learning in respect of the management of a syringe driver and how this is communicated to care home staff/family. There were issues identified in relation to the advice or lack of, given to the carers in relation to monitoring of the syringe driver and actions to take in event of a fault. This learning is being progressed through a short life working group.

1.5 How the Organisation Learns

As a Trust we recognise the benefits that can be had from sharing and cascading learning from incidents and good practice, and know that if this is done effectively it can help to minimise future risk and strengthen the quality of the services we provide.

The Trust seeks to learn continually from both good practices, which we wish to see replicated throughout the organisation, and from instances when the service we provide to our patients and clients is not as good as it should be. It is challenging to share learning in an organisation which employs nearly 15,000 staff in a range of hospital, community and primary care settings widely dispersed geographically. We are continually trying to make this more effective.

We aim to share learning in a number of ways:

- Patient Safety (Morbidity and Mortality) Review meetings which are monthly specialty meetings to review morbidity, mortality, learning from harm and patient safety issues
- Weekly Governance meetings which include representatives from all Operational Directorates, Clinical and Social Care Governance, Medicines Management, Litigation, Safeguarding and Information Governance, at which the events of the previous week are discussed - Adverse Incidents, Serious Adverse incidents, Never Events, Medication incidents, Legal claims. Details are subsequently shared and discussed weekly at the Trust Senior Management Team meeting.
- Learning from Experience Forum which meets quarterly to provide a formal corporate cross directorate interface for the identification and sharing of lessons learned from adverse incidents, complaints, morbidity and mortality, litigation cases, learning through patient experience, nursing and other quality indicators and areas of good practice for service improvements, internal to the Trust, regional and national.
- Quarterly and Annual Complaints, Incidents and SAI Reports.
- Weekly circulation of Standards & Guidelines Circulars received.
- Operational Directorate Governance meetings
- Completion of Directorate identified learning template
- SAI training
- Sharing of internal audit reports and outcomes of clinical audits
- Email, newsletter and staff briefings

Safety, Quality & Experience South

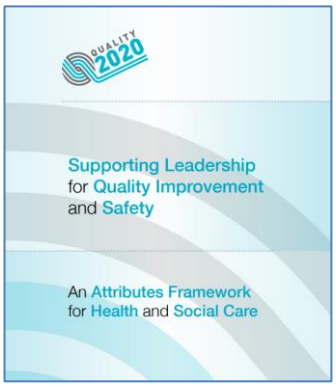
HSC Southern Health and Social Care Trust

Quality Care - for you, with you

Theme 2

Strengthening the Workforce

2.1 Quality 2020 Attributes Framework



The Quality 2020 Attributes Framework was developed by the Health and Social Care Safety Forum and the Northern Ireland Practice and Education Council in conjunction with key stakeholders within Health and Social Care across a diverse range of professional backgrounds. It is designed to enable staff and those in training, to fulfil the requirements of their role and, as a result, put patients and service users where they are entitled to be – the first and foremost consideration of our service.

It identifies the quality improvement and safety attributes staff require for their role and that are necessary and appropriate for the level at which they work. Through appraisal or supervision meetings or through mentorship (for those in training), staff are supported in assessing their existing attributes in relation to quality improvement and safety and, therefore, in planning the learning and development needed for them to progress in their given roles.

Overall, the primary purpose of this framework is to:

1. Assist individuals in assessing: a. their current attributes (knowledge, skills and attitudes) in relation to leadership for quality improvement and safety and their learning and development needs for their current role or for future roles.
2. Help organisations to build the capability and capacity of the workforce to participate in, and lead, initiatives which develop quality care and services.

To learn more and to view the Attributes Framework in detail, please click here. The linked document provides a breakdown of the skills and competencies required at each of the framework's 4 levels.

How are We Performing Against the Attributes Framework?

As a result of COVID-19 all in person training was suspended and staff redirected to a variety of COVID-19 support roles. We have now taken to remodel how we deliver our training to meet the Attributes Framework and the Quality Improvement Team will relaunch the Quality Improvement Prospectus in Autumn 2021.

The current position against the Attributes Framework is as follows:

As at QE 31 March 2021 **99%** of the workforce have completed Level 1 and **5%** of staff have achieved training at Level 2 of the Quality 2020 Attributes Framework.

2.2 Looking After Your Staff

In light of the feedback sessions held by the Chief Executive, Shane Devlin and the further lessons learned from engagement exercises carried out over the course of COVID (please refer to COVID section for further information), we introduced our plan to support our people to 'Create a Great Place to Work'. We wanted to invest in our people, to recognise and encourage leaders at all levels, providing opportunities for our people to develop their collective leadership capabilities. Our future culture will be the outcome of the collective actions of formal and informal leaders working together to deliver our common purpose of world class Health and Social Care services.

Our '**Creating a Great Place to Work**' initiative introduced in autumn 2020 has 3 strands that relate to Our **People**, Our **Team Leaders**, and Our **Teams**. Each strand was designed based on feedback from our staff and so the content includes development and support to encourage and promote the 3 key themes (health and wellbeing, relationships and behaviours) highlighted as important by our people.

We want to support our people and our leaders at all levels, in all directorates and across all professions and groups to:

- Understand how important their health and wellbeing is and what they can do to look after themselves.
- recognise how their behaviours can have an impact on others
- Support them to build and sustain great working relationships.

We offer bite size support and development opportunities via a range of delivery methods that our people can access as and when they chose to.

Hyperlinks included in images

Connecting what matters – our people focused on developing and supporting all our people – we want to move away from the emphasis on the layers within our structure and recognise we have leaders at all levels.

How you lead matters – our Team Leaders focused on supporting our team leaders (anyone from a supervisor to a senior manager).

Getting better together – our teams emphasise that every team matters. We support teams to work better together to create a culture where our people work well together in a team, which recognises their role, values the contribution of all team members and work closely with other teams.

Positive Retirement Facilitated Session

During the final quarter of 2020/21 we designed and piloted a 'Positive Retirement' online facilitated session that focused solely on helping people mentally prepare for the emotional and psychological impact of leaving the organisation during the pandemic. The sessions were extremely well received by those to who attended e.g.:-

"I had no idea what to expect, I don't really like attending remotely. However, this workshop was fantastic. I could not believe the time had passed. There was so much to think about and reflect on. I think I was avoiding talking about my retirement (which is soon) but underneath I was dreading it. This session really helped me deal with that."

"Thank you for this opportunity, the need for this preparation I think is essential because the monetary pieces, etc. are usually sorted but the personal sense/ perception of loss, scrap heap, etc. is important to address and to see this as a beginning not an end. So important and that is what I have left with."

In 2021-2022 we hope to develop this programme further and by adding to this with a series of others workshops to support our people who may be planning for retirement.

Flu Vaccination Programme

For the 2020/2021 Flu Programme we continued to use the 'Peer Vaccinator Model' introduced in 2018/2019, in order to help increase flu vaccination uptake among Trust staff. This was essential for this flu season as due to COVID-19 pandemic the Occupational Health team were unable to carry out their usual ward/department visits. We also introduced the "flu bus" this year to allow us to reach more staff without entering facilities which was very successful.

The flu programme was shortened following the introduction of the COVID19 vaccine at the end of December however uptake was still improved from the previous season.

The Trust continued the Corporate Flu Steering Group, a co-ordinated flu team with representatives from all Directorates, staff groups and Trade Unions, as collaborative working and buy in from senior management is considered essential to a successful flu campaign.

Personnel area	% of Headcount Vaccinated 2020/2021	% of Headcount Vaccinated 2019/2020
Front Line Staff-Health Care Workers	**51%**	***40%***
Front Line Staff - Social Care Workers	**37%**	***24%***
Non-Front-Line Staff	**50%**	***40%***
Overall Total	**47%**	**36%**

Headcount is a count of staff based on staff number with the greatest WTE and therefore a member of staff working in a number of positions, is only counted once. Bank and block booking staff are excluded from the headcount and vaccines given count.

Facts and Figures

- Total Number of Flu **Vaccines given** as at COP 15.06.2021 (including bank, block booking, new starts and External Non-Trust staff): **7007**
- Based on the figures provided there has been a further improved uptake for the 2020/2021 programme – an **additional 11% (801staff)** of front line health care workers (HCW) and 13% (395 staff) of front line social care workers (SCW) were **vaccinated compared to 2019/20**.
- In 2019/2020 peer vaccinators gave 1288 vaccines and in **2020/21 they gave 2935** which is a **significant increase of 228%.** Moving forward this model would appear to work best for staff as they are able to receive the vaccine from a colleague at a time that suits and the peer vaccinator is able to promote the vaccine in their area.

Division: Promoting Wellbeing

Health Improvement

Supporting Staff Health and Wellbeing

The *Staff Health and Wellbeing Steering Group* and Promoting Wellbeing Division played an active role in responding to the health and wellbeing needs of staff during the COVID-19 pandemic. New COVID-19 related information zones were set up on the Umatter website and these were populated with new information, events and resources for staff including the following:

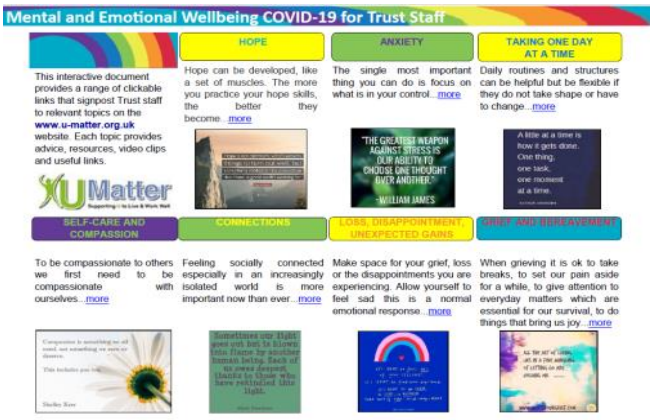
- COVID-19 information for staff
- COVID-19 and mental health
- COVID and staying at home
- COVID-19 and staying active at home
- COVID-19 and financial health
- COVID-19 and family health

Umatter Website

From the 23rd March 2020, when the first lockdown took place, until 31 March 2021 the Umatter site achieved 215,856 web hits and was used 81,817 times. Password restrictions to the Umatter site were temporally lifted during the pandemic to enhance access, so this figure represents Trust staff and non-Trust staff/ public who may have accessed the site.

A Communication Group was established to agree key appropriate messaging to share with staff through Trust communications, social media channels and a *Friday Focus* global email. Promoting Wellbeing staff worked with colleagues from the Southern Trust Recovery College and Psychology Service to agree appropriate themes and information and video clips compiled including advice, resources and videos clips. Themes covered included:

- Hope
- Anxiety
- Taking one day at a time
- Self-care and compassion
- Connections
- Loss, disappointment and unexpected gains
- Grief and bereavement
- Kindness
- Resilience
- Rest, Restorative sleep and relaxation
- Asking for help



U matter content was updated regularly with new services and support available to staff for emotional and psychological wellbeing:

- Free counselling sources for staff
- Telephone helplines
- Mental health organisations
- Free apps (Unmind, Sleepio, Headspace, ACT, HSCNI Library of Apps)
- Stress control classes

The regional World Mental Health campaign, '**Working Together To Promote Mental Wellbeing'** was promoted to staff over 5 weeks in September to October, focusing on 'Take 5 Steps to Wellbeing', to encourage staff to protect and improve their own mental wellbeing and those around them.

COVID and Work-Related Surveys

During the year the Staff Health and Wellbeing Steering Group supported a number of regional surveys that aimed to capture the experiences and challenges faced by staff during the pandemic. These were actively supported via our Umatter website and weekly *Friday Focus* message to encourage participation among our staff.

The IMPACT Research Centre was awarded funding to run a longitudinal staff wellbeing survey in the aftermath of the COVID-19 outbreak. The first of the four part Regional Psychology survey began in November 2020. The survey is open to all HSC employers in Northern Ireland and was actively promoted to Trust staff.

Policies and Guidance for staff

The Staff health and Wellbeing Steering Group provided support to progress new policies and guidance in support of staff health and wellbeing.

Currently one in three people are affected by cancer and it is recognised that with an aging population cancer incidence is increasing. The Trust recognises that many of our staff may have personal experience of cancer or may have a family member affected by cancer. Guidance had been developed for mangers and staff to support staff affected by cancer.

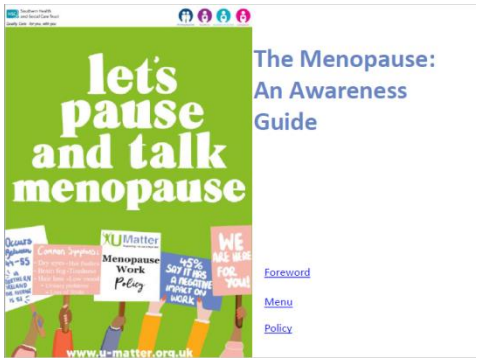
The guidance is available on U Matter: SHSCT 'Supporting Staff Affected by Cancer' - Guide for Staff and Managers | U-Matter

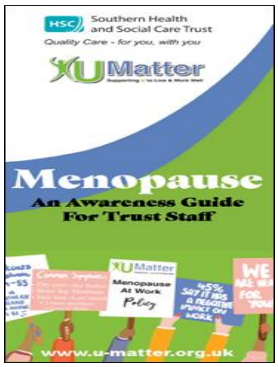
In support of cancer prevention a Sun Safety Outdoor Policy was developed for staff required to work outdoors with commitment to provide staff such as Estates staff with hats and sun cream.

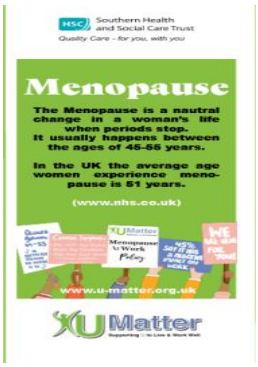
Menopause Policy

The Trust launched its *Menopause at Work Policy* in 2020 and hosted an online Menopause event in November with 85 members of staff. It featured presentations from our Director and Deputy Director of Human Resources and Organisational Development as they introduced the policy. Presentations were also given by Business in the Community (BITC) who discussed Menopause and Work and the Psychological Impact of the Menopause.

The Trust Menopause Toolkit and leaflets were revised and promoted through Umatter.







World Menopause Day 2020 - Pharmacy and Nutrition Webinar

A number of events have taken place in 2020/21 to raise awareness of menopause. These are as follows:

- A Webinar was provided by a local a Pharmacist on products and lifestyles changes that can help deal with the symptoms of menopause; this was attended by 40 staff.
- Two one-hour webinars, facilitated by Public Health Dietitians on a Healthier Diet, Healthier You and Food and Mood were also promoted to staff.

Health champions

Promoting Wellbeing staff continues to support a network of 70 Trust staff Health Champions during the year with information on resources, events, policies and news related to health and wellbeing. In January 2020 Health Champions were updated on the HSC Staff Survey and the Big Coffee Conversation events helping to inform the Trust's Programme' Creating a Great Place to Work'.

Parenting

It has been important to recognise the demands of COVID-19 pandemic for parents. Parenting NI facilitated two webinars for staff. A Digital Parenting webinar, attended

by 12 staff, looked at children and young people's use of technology, the risks and dangers and encouraged parents to have effective conversations around boundaries and keeping safe online.

The second webinar focused on *Supporting Teens Emotional Health* and was attended by 23 members of staff. This webinar encouraged parents of teenagers to recognise the importance of their teenager's mental health, how parents can enhance their teenager's emotional wellbeing and strategies to support positive emotional development.

The Promoting wellbeing Division successfully bid for Mental Health Innovation Funds to support three staff health and wellbeing projects:

- **Arts Boxes**: 60 art boxes with individual art kits were developed to offer staff across HSC settings the opportunity to enjoy an art activity in support of their wellbeing. In total 1,260 kits were assembled together with information on the benefits of arts for health and links to useful videos and websites.

- **Menopause comfort Boxes**: 60 menopause boxes were developed offering items to support staff going through peri-menopause or menopause. The box contents were agreed in consultation with the Trust's health champions and include information about the Trust's Menopause Policy which was launched through a virtual event for staff in October 2020.

- **Aromatherapy Products:** A range of aromatherapy products were purchased for provision to staff seeking support with their Emotional and psychological wellbeing. The Staff Psychology Service for Staff Wellbeing distributed these products through their contact with individuals and teams requiring support.

Wellbeing at the Healthcare Library

Wellbeing at the Library initiative has been launched at Craigavon Hospital Medical Library to support health & wellbeing and professional development needs of our staff and placement students. Wellbeing at the Healthcare Library - Click Here

The initiative included three key elements:

- The curation and purchase of 136 new books related to physical, mental and psychological health and wellbeing. A document on the project and the book list can be found on Umatter here.
- The establishment of 3 new noticeboards which will be used to share health and wellbeing information with our staff and students.
- The purchase of art prints to enhance the library environment and the provision of art kits which can be used by staff and students in the library rooms or at home. A short 1.5 minute video clip can be watched from https://youtu.be/bH1pskK3oU8

Topics/categories include:

- Addiction (9)
- Anxiety, depression, stress (26)
- Compassion, acceptance and commitment therapy (14)
- Emotional intelligence (10)
- Grief (5)
- Long term conditions (12)
- Menopause (6)
- Mindfulness and yoga (5)
- Other common conditions (5)
- Personal stories (4)
- Self-help books to support mental health (8)
- Sleep (7)
- Wellbeing, happiness and positive psychology (25)

2.3 Induction

The Trust's Corporate Welcome continues to be delivered via an interactive, informative online publication. New starts also receive a departmental induction from their line manager as soon as possible after commencing employment.

Feedback continues to be positive with staff remarking upon the convenience of online completion, the extensive information available and the user-friendly layout and design. New starts must also receive a departmental induction from their line manager as soon as possible after commencing employment.

If viewing the digital version of the report, click on the image to access the Corporate Welcome Southern Trust SharePoint page (only accessible on Southern Trust systems).

2.4 Corporate Mandatory Training

Work continues across the Trust in relation to the promotion and provision of and reporting on Corporate Mandatory Training (CMT). Quarter end compliance reports are provided to each Directorate for dissemination throughout their services, this information is also posted on the Trust intranet page to allow managers and staff to see their training compliance position and take action as appropriate in relation to keeping this training up to date. However as a consequence of the COVID-19 response and redeployment of staff etc., the collation and issue of the quarterly reports was postponed until 31st May 2020.

We aim to ensure all elements of training are provided in a timely manner and through a variety of methods relevant to all staff roles, to allow staff to maintain compliance as necessary. Fire Safety, Moving & Handling and Infection Prevention & Control include a face-to-face element in addition to the compulsory e-learning modules on the HSC Learning Platform. During the COVID 19 pandemic a range of creative approaches were taken to reduce the need for face to face e.g. sessions held via zoom and included online videos so that face to face sessions could be shorter.

The comparisons to the previous year's figures are outlined below:

Corporate Mandatory Training Element	% Compliance as at 31st May 2020*	% Compliance as at 31st March 2021	Variance (%)
Information Governance Awareness	76	78	**+2**
Cyber Security	Introduced in 2020/21	9	**+9**
Fire Safety	50	53	**+3**
Safeguarding	63	71	**+8**
Moving & Handling	56	64	**+8**
Infection, Prevention & Control	55	59	**+4**
Equality, Good Relations & Human Rights: Making a Difference	42	73	**+31**

2.5 Leadership Programs

Nexus Medical Leadership Programme

During the autumn of 2020 we introduced the Nexus Medical Leadership Programme to support and develop the Medical Leadership team to maximise their ability to provide positive and effective leadership and to further embed the collective leadership culture within the organisation.

Masters in Nursing Programme

The Chief Nursing Officer commissioned a regional pilot of an innovative, post-registration, rapid access graduate Masters in Nursing programme. Six newly registered nurses continue on their Masters programme whilst working in Band 5 posts, rotating across the Health and Social Care Trusts and Independent sector.

The two-year rotational programme, jointly delivered by Ulster University and the Health and Social Care Trusts, aims to support nursing workforce stability and retention and develop individuals to become future nursing leaders who can deliver transformational change within a range of nursing services and environments, improving outcomes for patients and service users. The programme reflects the strategic transformational agenda presented in *Health and Wellbeing 2026: Delivering Together* (DoH, 2017).

The programme was paused in March 2020 due to the COVID-19 pandemic, resulting in planned rotation for April not proceeding and study leave being stepped down which allowed the MSc Trainees to practice 37.5 per week as part of the Trust contingency.

The programme recommenced from 1st June 2020 which will facilitate the MSc Trainees to complete the programme as anticipated in September/October 2021.

Preliminary evaluations have demonstrated that the MSc Trainees feel well supported. Their confidence and clinical skills have developed and the MSc Trainees have availed of appropriate training.

Nurses and Midwives Global Leadership Development Programme

The Chief Nursing Officer as part of the 'Nursing Now' campaign has promoted the Global Leadership Development Programme. Four nurses and one midwife from the Trust were selected to undertake this regional programme.

The programme is aimed to develop nurses and midwives leadership, policy-making, quality improvement and partnership working skills, in-line with the principles of both the global campaign *Nursing Now* and *Nursing Now Northern Ireland*.

This will include developing their knowledge and skills from an evidence-based perspective, through a combination of theoretical and practical interactive activities to further develop and strengthen nursing and midwifery leadership practice in the context of improving health globally through the contribution of nursing and midwifery.

SHSCT Nightingale Challenge Programme 2020

An additional nineteen nurses and midwives from the Trust were selected to participate in an exciting leadership and development programme developed within the Trust to help build the knowledge and skills of the future generation of nursing and midwifery leaders.

The challenges faced in COVID-19 have seen much of the two programmes offering support to all participants in different ways. Two Facebook Groups have been set up by participants. The Facebook group set up by the Global Leadership Development Programme encourages participants to make links with others on Nightingale Challenge Programmes all around the world to offer support, motivation, ideas and to discuss and understand global issues.

These staff are offered the opportunity to be 'buddied up' with international young Nightingale Challenge nurses and midwives to communicate by email, WhatsApp, Facebook or any other way to offer each other motivation, inspiration, support and share ideas. For those able to attend, the Global Leadership Development Programme participants have been encouraged to gain support via their regular Zoom calls as well as 1:1 coaching sessions with the facilitator of the course.

Some of Southern Trust Nightingales and Trust staff at the programme's Induction day in February 2020.

2.6 Supervision, Coaching and Mentoring

Preceptorship

Preceptorship is a regionally agreed NIPEC framework that the SHSCT offer all new registrants, and to colleagues from outside the UK. It is a structured programme of support and a period of transition to promote confidence and consolidation of skills, knowledge and professional behaviours. The Practice Education Team launched the Preceptorship ID scheme. Each new registrant was offered the choice of a preceptorship lanyard or badge to help raise the profile of support at an individual level. Roadshows were held and a communication strategy implemented to education multidisciplinary teams of the importance of supporting new registrants. Principles of preceptorship were co-designed with registrants to identify what they valued and needed most from team members.

Nursing Times Workforce Award

The Practice Education Team, in recognition of the success of the Preceptorship ID scheme, was nominated for a Nursing Times Workforce Award. Although the team did not win their category at the awards ceremony in December 2020 it was acknowledged that they were amongst only 5 to be shortlisted, and were the only representatives from Northern Ireland.

Members of the Practice Education Team with their Executive Director of Nursing, Midwifery and AHPS Mrs Heather Trouton.

2.7 Staff Achievements

Excellence Awards 2019/2020

In response to the enormous amount of work involved in planning and preparing for COVID-19 and to ensure we fully supported staff working during this very challenging and unprecedented time, it was not practical this year to continue with shortlisting the 104 nominations submitted for the 2019/20 Excellence Awards. Also the senior management team, non-executive directors and trade unions involved in the shortlisting process had other priorities at this challenging time. Unfortunately therefore this meant we had to postpone our awards ceremony planned for June 2020. Due to the continued pressures as a result of the pandemic there has been no opportunity to progress these awards.

HSJ Value Awards 2021

Three Southern Trust teams have been shortlisted in the prestigious UK-wide HSJ Value Awards 2021.

The annual event celebrates projects and people that are driving operational and clinical improvements across health and social care.

The Southern Trust Clinical Physiologist Team have been shortlisted in the HSJ Value Awards 2021 in the Cardiovascular Initiative of the Year category. The team were the first in Northern Ireland to implant Loop Recorders in patients pictured is Clinical Physiologist Julie Anne Prideaux implanting a Loop Recorder with Dr Daniel Flannery, Consultant Cardiologist.

The Trust's Children's Disability Social Work Service and Stone Treatment Team have both been shortlisted from hundreds of entries in the '*Specialist Service Redesign Initiative'* while the Clinical Physiologist Team was shortlisted for '*Cardiovascular Care Initiative of the Year.'*

The Stone Treatment team were shortlisted for improving the care of patients with urinary tract stones. Congratulating them, Melanie McClement's, Director of Acute Services for the Southern Trust explains:

"The team has streamlined and transformed how patients who come through our Emergency Departments are referred through to the specialist stone service. The new system is helping to ensure that patients are advised by an expert team as quickly as possible. Waiting times for patients to hear back from the department have reduced, follow up reviews are now more regular and patients are receiving better information on self-care, diet and fluid management. This new approach is helping the team to see more patients, information being shared

between departments like ED and radiology is more consistent, and clinic costs have reduced. Most importantly, the experience for patients has greatly improved, by receiving better communication, a more accessible service and overall better outcomes from their engagement with the service."

Miss Laura McAuley, Urology Specialty Doctor and Mr John O'Donoghue, Consultant Urologist from the Southern Trust Stone Treatment Team who have been shortlisted in the HSJ Value Awards 2021 for the 'Specialist Service Redesign Initiative.'

The Children's Disability Social Work Service has been shortlisted for creating bespoke short break packages of care for high risk families during the COVID-19 pandemic. Paying tribute to the team, Paul Morgan, Executive Director of Social Work for the Southern Trust said:

"With schools, community outlets and other usual supports unavailable, the pandemic had a significant impact on families of children with complex disabilities who normally rely on these vital services. The team worked closely with the voluntary sector to develop a dynamic approach to support families in greatest need. Their person centred, short breaks service focussed on keeping children out of the care system and supporting their parents to cope. The heartfelt evaluations from those who benefited are a testament to the commitment and compassion of this team, for preventing potential family breakdowns and contributing to mental wellbeing during a time of risk, huge change and uncertainty."

Some of the Trust's Children's Disability Social Work team who have been shortlisted in the HSJ Value Awards 2021 for the 'Specialist Service Redesign Initiative.' L-r Elaine Mooney (Head of Service, Children's Disability Service), Karen Edgar (Transition Planning Coordinator), Arlinda Benson (Senior Social Worker, Short Breaks Team) and Mark Irwin (Operational Manager Short Breaks).

The Clinical Physiology team were shortlisted for the introduction of Implantable Loop Recorders, which are monitors used to keep check on people with increased risk of cardiac irregularities.

Melanie McClement's adds: "*Our physiologists were the first in Northern Ireland to introduce this new Implantable Loop technique. With advancing technology, Loop Recorders are now much smaller and so rather than continuing to bring patients through a lengthy theatre visit for implantation, this safe alternative within the Cath Lab setting offers patients a more relaxed experience whilst Consultant time can be used for more invasive procedures*

like pacemakers. I am delighted that the team have received this much deserved recognition for their commitment to improving the quality of their service and giving patients a much better experience."

The winners will be announced in June. For more information and a list of finalists https://value.hsj.co.uk/

The British Society for Rheumatology

The Southern Trust's Pharmacy and Rheumatology departments have received the prestigious 'Clinical Award 2021' from The British Society for Rheumatology.

The award highlights examples of innovation and excellence in rheumatology across the UK and is presented in recognition of outstanding clinical work, best practice and improved patient care.

The team received this year's award for the development of a virtual clinic for patients using highly specialised drugs known as biologics. The Virtual Rheumatology Biologics Clinic was introduced in May 2019 by Lead Rheumatology Consultant, Dr Nicola Maiden, to help address some of the challenges facing the biologic service.

In the first six months, 928 rheumatology patients had their biological drugs reviewed through the clinic.

Congratulating the team, Dr Tracey Boyce, Director of Pharmacy for the Southern Health and Social Care Trust explains:

"The use of biological treatments for people with joint or muscle disorders has been steadily increasing in recent years, with around 1000 of our rheumatology patients now using these drugs. Whilst biologic drugs have a very positive impact on the patient's quality of life, they suppress the immune system and require careful monitoring. They are also complex to manage and expensive.

The development of our new virtual clinic allows specialist pharmacy and rheumatology staff to work together to closely monitor more patients. Clinicians now use this multidisciplinary approach to prescribe the most suitable drugs based on the patient's needs and latest guidance, and are optimising the use of medicines across rheumatology.

I am absolutely delighted that the team have received this very much deserved recognition, for their innovative approach to overcoming the challenges to make sure that more patients get the best possible treatment."

Some of the team involved in the Southern Trust's Virtual Rheumatology Biologics Clinic which has received the 2021 Clinical Award from The British Society for

Rheumatology. Lesley-Ann McWilliams, Rheumatology Nurse Specialist, Dr Vivienne McGoldrick, Rheumatology Associate Specialist, Jane Whiteman, Rheumatology Pharmacist and Lead Rheumatology Consultant, Dr Nicola Maiden.

HSJ Awards

Primary Mental Health Care Team

The Southern Health and Social Care Trust has been shortlisted as *Mental Health Trust of the Year* at the prestigious HSJ Awards.

The Trust's Primary Mental Health Care Team has been shortlisted from 1000 entries across the UK.

Since it was established in 2013 the team have helped to significantly improve waiting times for patients to access support and treatment.

Their aim is to make sure that people with mental health issues receive the right care, from the right service in a timely way. They offer a range of psychological and medical support and work closely with GPs, Southern Regional College, partner agencies like the Housing Executive and the Community and Voluntary sector to promote mental health and wellbeing for local people.

Some of their key achievements over the years are: building relationships with the Mental Health Forum and Recovery College, ensuring service user involvement and patient experience is at the centre of all services; the development of a Well-mind hub; the launch of Stress Control classes with Southern Regional College and; the introduction of the Primary Mental Care Book to ensure pathways are efficiently and thoroughly followed for all patients.

Congratulating the team on making the shortlist, Director of Mental Health and Disability for the Southern Trust, Barney McNeany said:

"*We are absolutely delighted that our Primary Mental Health Care Team has received such well-deserved recognition for their hard work over the years. The team has shown such ambition taking a truly collaborative approach, developing relationships and working closely with partner organisations for the benefit of the mental wellbeing of our local population. By working closely with service users through the Mental Health Forum they have developed some very innovative approaches to promoting positive mental health and wellbeing, for example through the well-mind hub and their very popular stress control classes. They have also shown great dedication for those service users who need more intense treatment and support, ensuring that our patients get the best care for their specific needs, reducing waiting times and improving their potential for recovery.*"

Now in its 40th year, the HSJ Awards is the largest annual benchmarking and recognition programme for healthcare.

Outpatient Parenteral Antimicrobial Therapy Service (OPAT)

A Southern Trust team which is helping patients to have antibiotic treatments at home rather than hospital has been shortlisted for Patient Safety in the UK-wide HSJ Awards.

The Outpatient Parenteral Antimicrobial Therapy Service (OPAT) is a team of microbiologists, pharmacists and nurses who look after patients being discharged with ongoing antibiotics – for example with abscesses, bone or other infections.

Since they set up two years ago, an estimated 6,000 days which people may have otherwise spent in Southern Trust hospitals were avoided thanks to the service.

The team works closely with district nursing, helping to prevent hospital admissions, supporting earlier discharge and enhancing overall experience for suitable patients.

Congratulating the team on being shortlisted for this prestigious award, Tracey Boyce Director of Pharmacy Services for the Southern Trust said:

"We are absolutely delighted that the OPATs team has received such well-deserved recognition for their innovative approach and commitment to patient safety.

"Now in many cases they are avoiding intravenous treatments by finding a suitable alternative oral antibiotic, which frees up busy district nursing colleagues and is much less invasive, lower risk and more convenient for the patient.

"The enhanced role of the pharmacist in the team is helping to make the most of our Consultant Microbiologists' time, by reviewing patients and clinical planning in advance.

"With reduced repeat dispensing and increased use of oral alternatives, we also have much better medicines management.

"Most importantly the service is really improving patient outcomes – with patients now needing an average of five days less on antibiotic therapy, readmission rates reduced by over

50% and the risk of healthcare acquired infections minimised by the shorter time on antibiotics."

Nursing Times – Workforce and Summit Awards

The Southern Trust has made it to the shortlist of the prestigious Nursing Times – Workforce and Summit Awards.

The Trust's Practice Education Team has been recognised in the 'Preceptorship of the Year' category for a project introduced to support newly qualified nurses and midwives.

The team is the only one from Northern Ireland in the shortlist for the UK wide awards, which recognise and reward excellence in supporting the future of the nursing and midwifery workforce.

They were nominated for introducing new eye catching green I.D lanyards and badges so existing staff could easily identify and support new recruits as they begin their new careers.

Congratulating the team, Dawn Ferguson, Interim Assistant Director for Nursing and Midwifery Workforce and Education said:

"We are fully committed to supporting and developing our staff. It is recognised that the Preceptorship period is so important for providing support to our new nurses and midwives, helping transition from student to registrant. The ID scheme that runs alongside our Preceptorship programme is such a simple concept but has been hugely valuable in helping our new nurses and midwives to build confidence. I would like to pay tribute to both the Practice Education Team and also broader clinical teams across our organisations who are dedicated to supporting the development of new colleagues as they start out on their careers."

Community Care

Maria Tynan, Macmillan Specialist Dietitian in the Community Specialist Palliative Care Team, has been honoured with the Ibex Award for Professional Achievement from the British Dietetic Association.

This award was presented to Maria for her personal commitment and significant contributions to the profession of dietetics, always working to promote the high standards and practice of dietetics; and for giving outstanding service to the profession.

Within the Specialist palliative care team, there are now 4 Non-Medical Prescribers helping to ensure timely access to appropriate and required medications for service users. This helps with ensuring service users within the community can be manged to the highest level increasing their comfort and chances of remaining in their chosen environment.

The 4 non-medical prescribers are: Ruth Hutcheson, Beth Ross, Martina Duffy and Sally Lynch (missing from photos)



2.8 Staff Training

KSF/Appraisal (Agenda for Change Staff)

As of March 2021, **39%** of the workforce has completed their KSF personal development plan. It should be noted that the COVID 19 pandemic has had a significant impact upon the completion rate.

During 2020/21 the Vocational Workforce Assessment Centre team worked on enabling managers to record completions directly onto HRPTS to increase the efficiency of the process going forward. This will be further promoted in 2021/22. There will also be a review of our documentation and a renewed focus on the importance of appraisals, paying particular attention to supporting managers to ensure they have an understanding of the process and the skills and confidence to hold good quality conversations.

Vocational Workforce Development

As a Trust we want to ensure we have the right staff with the right skills in the right place at the right time to ensure consistent delivery of safe, high quality services. The Vocational Workforce Assessment Centre (VWAC) team continue to deliver Regulated Qualification Framework (RQF) Qualifications to staff throughout the Trust.

Over the past year the following groups of staff have completed a RQF Qualification: -

1	Allied Health Professions have completed a Level 3 or Level 4 Diploma in Healthcare Support Skills
90	Domiciliary Care Staff have completed a Level 2 Award in Healthcare Support Skills
27	Domiciliary Care Staff have completed a Level 2 Certificate in Healthcare Support Skills
0	Staff working in Acute Directorate completed a Level 2 Qualification in Healthcare Support Skills
27	Staff working in Acute Directorate completed a Level 3 Qualification in Healthcare Support Skills
4	Staff working in OPPC & MHD Day Care, Residential & community have completed an Level 3 Diploma in Healthcare Support Skills
9	Day care and Supported Living staff have completed a Level 3 Certificate in Healthcare Support Skills
2	Staff working in CYPS Directorate have completed a Level 3 Diploma in Healthcare Support Skills

We continue to support the development of new programmes within the Trust to meet the needs of the service and in response to staffs' continuous personal development plans.

Practice assessors and supervisors training

Under the new Standards for Student Supervision and Assessment (NMC 2018, 2019) the Practice Education Team continue to monitor, support and provide regulatory assurances that nurses and midwives within SHCST are completing Future Nurse, Future Midwife Transition or New to Role training. The midwifery programme commenced in July 2020 in line with regional Midwifery Excellence Reference Group (MERG) guidelines and the Team delivered training in partnership with the South Eastern Trust. Training attendance figures for all programmes are high and very encouraging. This training is vital to ensure there are positive learning experiences for our future Nursing and Midwifery workforce.

2.9 Revalidation of Medical and Nursing Staff

Nursing and Midwifery

Nursing and Midwifery Registration and Revalidation information are held on HRPTS and a robust system is in place within the Trust to monitor Registrations and Revalidations.

Monthly monitoring reports are issued to Line Managers, Heads of Service and escalated to Assistant Directors and Directors where necessary. These reports provide managers with an opportunity to remind registrants of their NMC registration and revalidation requirements and will identify registrants whose annual registration fees have not been received within NMC deadlines for payment.

During the 19/20 year there were no occasions where registrants have failed to meet the NMC registration or revalidation requirements.

Revalidation of Nursing Staff During the Pandemic

Expected Revalidations	**761**	
Actual Revalidations	680	89%
Non Revalidations	81	11%

Detail in relation to the non–revalidation figures are as outlined in the table below (please note that those granted extensions have revalidated at a later stage in the year):

Non-Revalidations	**81**	
Extensions	78	96%
Resigned	2	3%
Fail Lapse	1*	1%

Learning Outcomes

*Nurse fail lapsed because the date of his/her revalidation was moved to just prior to end of month, this nurse was caught out by this thinking her revalidation was at the end of the month, i.e. the nurses revalidation was extended to the 25th of the month as opposed to the end of the month.

In response to this the revalidation team devised a spreadsheet to capture this information and a new process was initiated whereby the team received a copy of the NMC letter from the Nurse, monitored revalidation confirmation and highlighted issues through to managers.

The revalidation team increased their communication and support to all nurses and operational teams throughout the year in response to the challenges presented by COVID and this approach was effective in preventing further breaches.

Medical Staff

Facts and Figures

April 2020 to March 2021 – All Medical Staff Revalidations were stood down and rescheduled x 1 year by the GMC due to COVID 19. However in this timeframe 3 Doctors were processed with a positive recommendation.

**2019 Completion rate of Appraisals as at 25/6/2021*

Complete = 77%

In Progress = 4%

Not Complete = 19%

2019 Appraisals were deferred due to COVID 19 & 2020 deferred to September 2021 completion date.

2.10 Staff Absenteeism

Impact of COVID-19 on Trust staff absence

Our staff's response to the COVID-19 pandemic was tested as HSC staff managed their own personal challenges resulting from the pandemic. Throughout 2020/21 staffing levels were impacted as a result of COVID-19 related absences. This included staff being absent due to contracting COVID, their requirement to self- isolate, their requirement to shield because of health vulnerabilities and caring responsibility pressures due to school closures and the resulting childcare issues. Staff absence due to mental health issues, including anxiety and stress also saw a marked increase in 2020/21.

These factors in addition to staff absences not directly related to COVID, had a significant bearing on the Trust's available staffing resource across all the directorates throughout the course of the year.

Significant Increases in Sickness Absence Levels were experienced throughout 2020/21, as shown below:

	SHSCT % Sickness Absence												
Year	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Cumulative %**
2019/20	4.98 %	4.96 %	5.13 %	4.96 %	4.93 %	4.98 %	5.28 %	5.76 %	6.01 %	5.65 %	5.43 %	5.88 %	5.33%
2020/21	7.96 %	7.03 %	6.12 %	5.34 %	5.43 %	6.64 %	6.79 %	7.09 %	7.37 %	8.48 %	7.43 %	5.96 %	6.78%

During 2020/21 the Trust continued to maintain the lowest % sickness absence rates when benchmarked against other HSC Trusts:

Regional Benchmarking / HSC Trust	Cumulative 2020/21 % Sickness Absence as at March 2021
Southern Trust	6.78%
Northern Trust	7.51%
Western Trust	7.52%
South Eastern Trust	7.58%
Belfast Trust	8.06%

Staff Mental Health

The COVID 19 pandemic impacted on the mental health of our staff. As per 2019/20, in 2020/21 the Mental Health Category was the top reason for absence in SHSCT.

Stress, Anxiety and Grief/Bereavement were the top 3 reasons for Mental Health Absences in 2019/20 and 2020/21 and have all experienced an increase in 2020/21 in comparison to 2019/20 levels.

During the period April 2020 to March 2021 there was a 227% increase in absence due to anxiety and a **105% increase** in absence due to stress, and overall mental health absence reasons combined accounted for 36% of all hours lost due to sickness absence. The COVID 19 pandemic impact on the mental health of our staff, (in work and in their personal lives), will continue to be a key focus of our health and wellbeing support for staff.

Increases in overall Mental Health Absences and in particular Anxiety/Stress commenced in March 2020 i.e. start of the COVID-19 pandemic. The % Hours Lost did decrease during Quarter 2 however there was another increase in December 2020 which corresponds with the next surge of the pandemic. Work Related Stress experienced a decrease in the hours lost between March 2020 and May 2020 which suggests that increases were not due to occupational stress however it is difficult to draw any reliable conclusions from this as there can be different approaches to how staff/managers code work related stress e.g. some may just code to 'stress'.

In March 2021, Anxiety and Stress Absences appear to be decreasing back to pre-pandemic levels (Feb 2020) whereas work-related stress is continuing to experience higher levels of absence.

COVID 19 Self-Isolation Absences & Shielding

Throughout 2020/21 staff levels and service delivery were also impacted on by absences due to COVID 19 self-isolation requirements and staff shielding. At various times over 400 staff were absent from work due to self-isolation and shielding.

Safety, Quality & Experience South

HSC Southern Health and Social Care Trust

Quality Care - for you, with you

Theme 3

Measuring the Improvement

3.1 Reducing Healthcare Associated Infection

Reducing Healthcare Associated Infection: MRSA

Methicillin-Resistant Staphylococcus Aureus or 'MRSA' is a type of bacteria that is resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections.

Staphylococcus aureus (also known as staph) is a common type of bacteria. It is often carried on the skin and inside on the nostrils and throat and can cause mild infections of the skin, such as boils and impetigo.

If the bacteria enter through a break in the skin, they can cause life-threatening infections, such as blood poisoning.

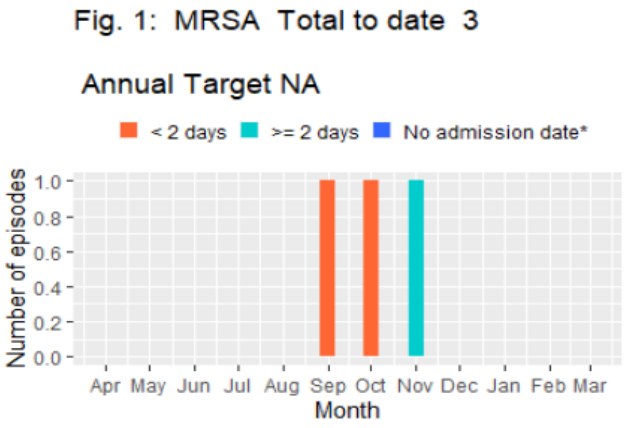
The Southern Trust's objective/goal for improvement (OGI) for MRSA bacteraemia in 2020/21 was 5 cases. There were 3 cases of MRSA bacteraemia in 2020/21.

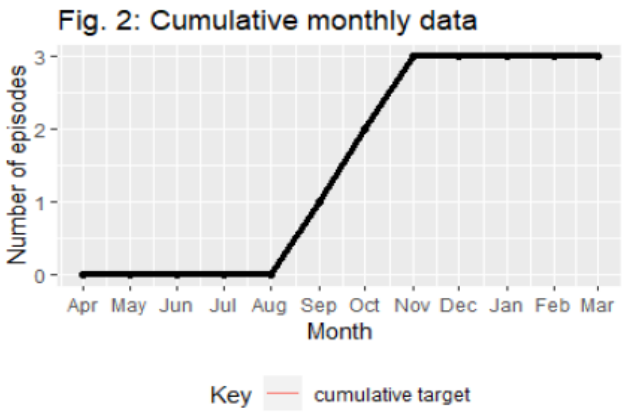
The Infection Prevention and Control Team continue to promote peripheral vascular cannula insertion and care programme along with aseptic non-touch technique (ANTT) training with the aim that this will help reduce MRSA Bacteraemia rates. ANTT training is delivered by an external company and the focus within this training is to train the trainer. We have increased the frequency of training and have extended this to the non-augmented care areas.

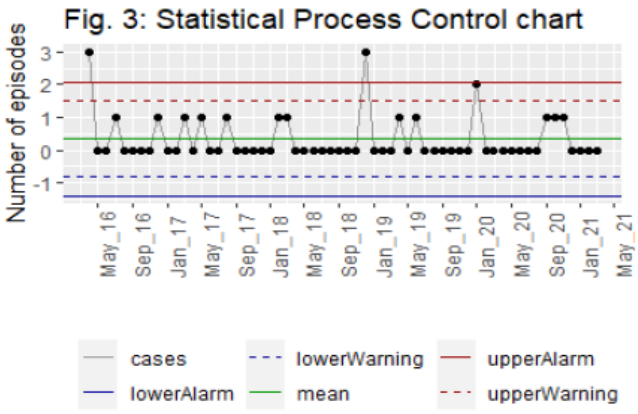
MRSA

Data below relates to 2020 / 21

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
< 2 days	0	0	0	0	0	1	1	0	0	0	0	0
>= 2 days	0	0	0	0	0	0	0	1	0	0	0	0
No admission date*	0	0	0	0	0	0	0	0	0	0	0	0
Cases	0	0	0	0	0	1	1	1	0	0	0	0







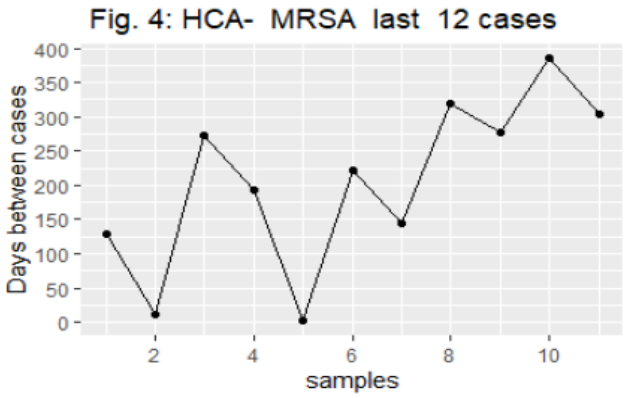


Figure 1. Bar chart showing monthly incidence this year

Figure 2. Line 'trajectory' chart showing cumulative monthly total of episodes this year

Figure 3. Statistical Process Control chart showing the number of episodes each month from April 2016

Figure 4. Run chart showing time between consecutive events for up to the last 30 *healthcare associated cases*. A longer time between events is better

*"No Admission Date" refers to cases where the admission date field was blank on Hi-Surv. These cases cannot be apportioned to < 2 or >= 2 days.

Reducing Healthcare Associated Infection: Clostridium Difficile Infection (C Diff)

Clostridium *difficile (C.difficile)* bacteria are found in the digestive system of about 1 in every 30 healthy adults. The bacteria often live harmlessly because the other bacteria normally found in the bowel keep it under control.

However, some antibiotics can interfere with the balance of bacteria in the bowel, which can cause the *C. difficile* bacteria to multiply and produce toxins that make the person ill.

Clostridium *difficile*, also known as C. *difficile* is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics, but can spread easily to others. C. *difficile* infections are unpleasant and can

sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics.

Many C. *difficile* infections (CDI) occur in places where many people take antibiotics and are in close contact with each other, such as hospitals and care homes. However, strict infection control measures have helped to reduce this risk, and an increasing number of C. *difficile* infections now occur outside these settings.

CDI

Data below relates to 2020 / 21

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
< 3 days	1	3	2	2	2	1	2	2	1	2	1	0
>= 3 days	2	4	2	3	5	3	3	1	3	1	1	3
No admission date*	0	0	0	0	0	0	0	0	0	0	0	0
Cases	3	7	4	5	7	4	5	3	4	3	2	3

Fig. 1: CDI Total to date 50

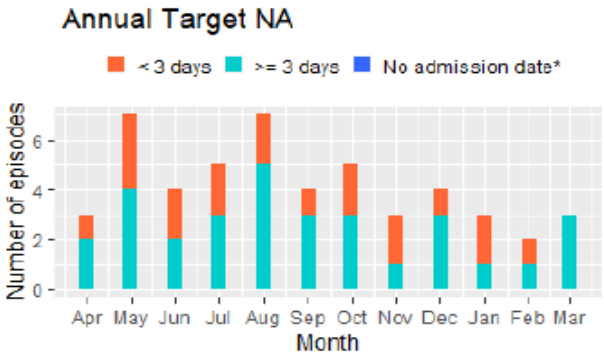


Fig. 2: Cumulative monthly data

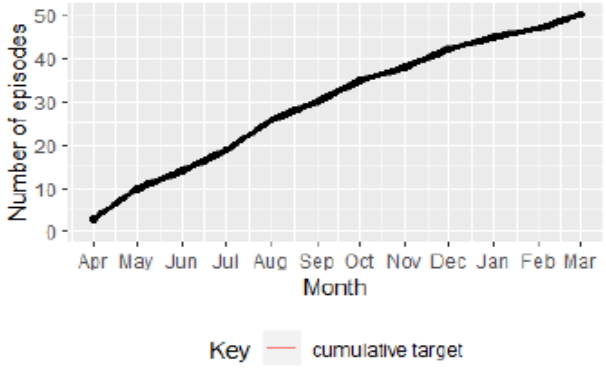


Fig. 3: Statistical Process Control chart

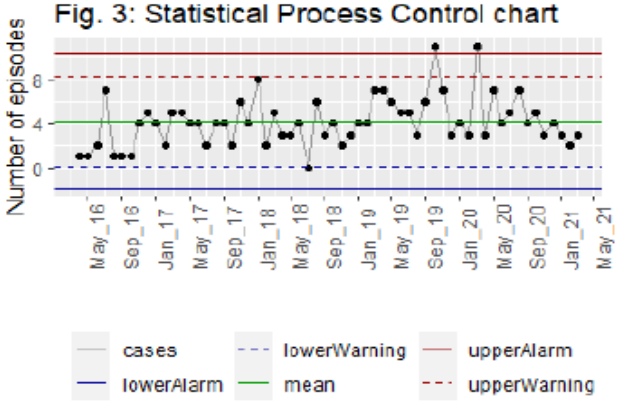
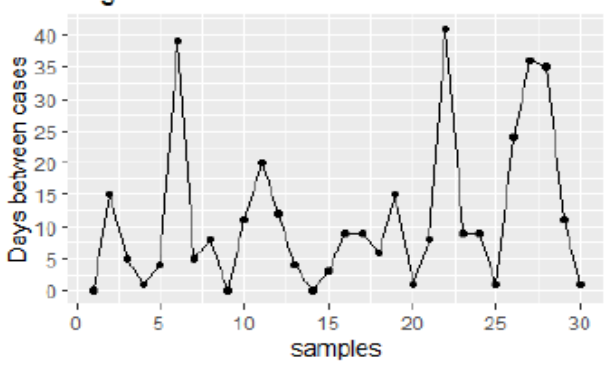


Fig. 4: HCA- CDI last 30 cases



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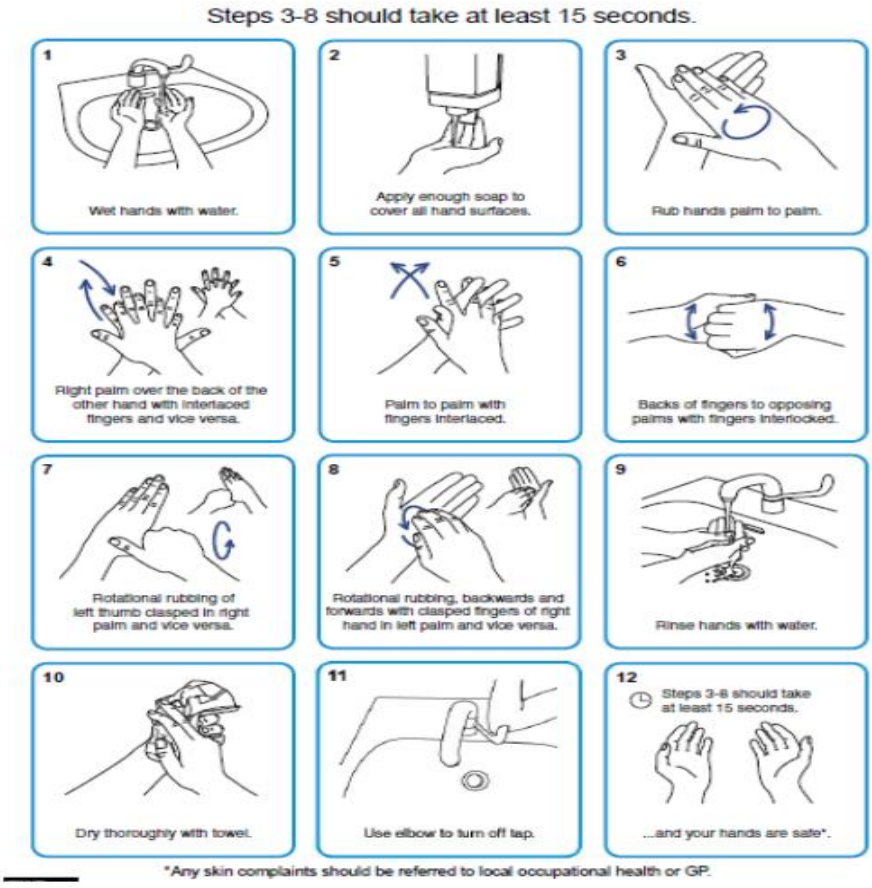
Hand Hygiene

Hand hygiene is the single, most important infection prevention and control practice (IPC) to help reduce Healthcare Associated Infections (HCAIs). The Trust promotes and monitors compliance with good hand hygiene for everyone in the healthcare environment.

It is critical that everyone plays their part in hand hygiene - and this applies to - staff, patients, clients, carers and visitors. Whether it is soap and water used to wash hands, or an alcohol hand rub. Hand Hygiene is everyone's business.

Best practice how to hand wash

The basic 12-step technique is applied for cleaning the hands whether using a liquid soap or a hand sanitiser.



3.2 Safer Surgery / WHO Checklist

Evidence from the World Health Organisation (WHO) shows that patient safety is improved during surgical operations if a list of key safety checks are made before anaesthetic is administered and before the operation begins and after it is completed. In the Southern Trust the WHO checklist is being used in all theatre areas.

The checklist is required to be signed for each patient procedure to confirm that the team is assured that all the necessary checks have been undertaken during the pre-operative, operative and post-operative phases.

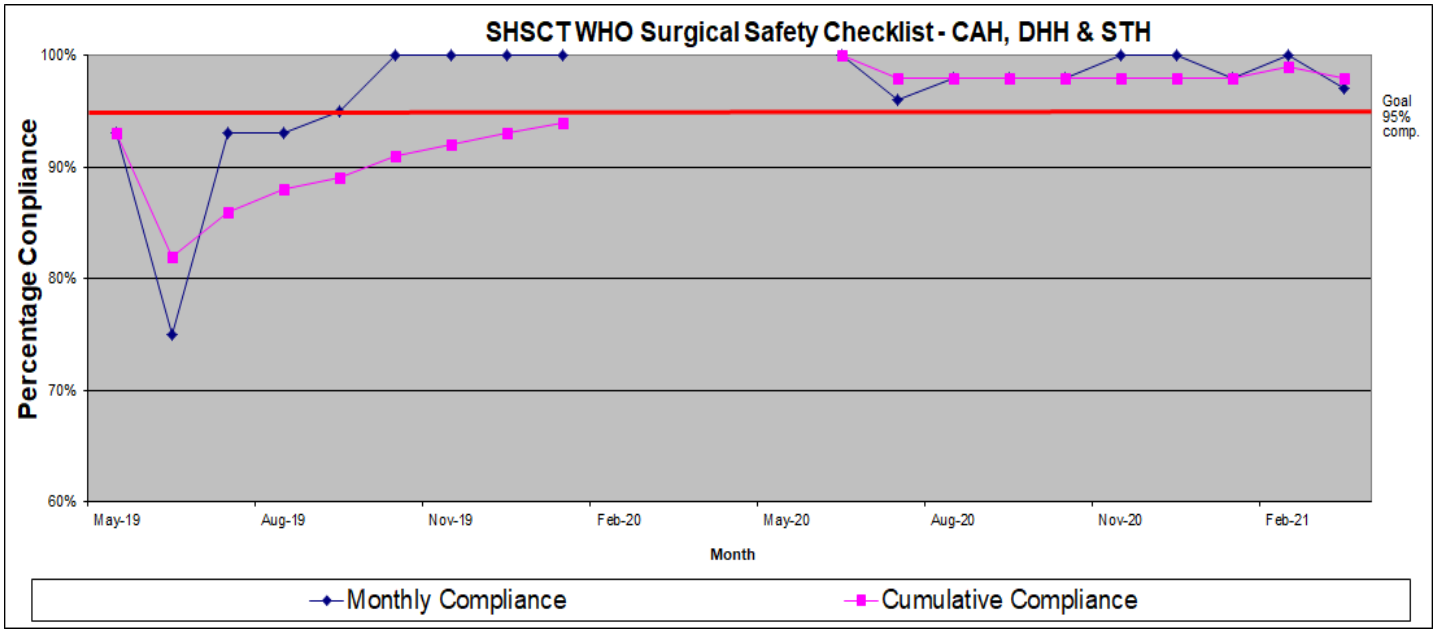
Within Southern Trust, The WHO Checklist was revised in 2013/14 and further revised in 2016 to encompass areas for improvement.

Safety measures that were added included:

- Has all single use equipment used for the previous patient been removed from the operating theatre?
- Is the date of the last menstrual period recorded?
- Recording of other relevant information e.g. MRSA
- Confirm known allergies and note on board
- Have all cannula and extension ports been flushed?

The WHO checklist is a strategic communication tool for patient safety. It is completed for all surgery and is standard practice for use in all areas in Craigavon Area and Daisy Hill Hospitals.

Changes and enhancements can be made if learning arises e.g. DATIX reporting.



Facts and Figures

- Monthly Auditing was reintroduced in May 19
- Auditing was suspended Feb 20 → May 20 due to COVID-19
- 6 areas are included in the Audit i.e. Theatres 1-4, CAH & Theatres 5-8, CAH, Day Procedure Unit, CAH, Theatres, DHH, Day Procedure Unit DHH & Day Procedure Unit, STH, with each area auditing 10 charts per month
- Goal of 95% or greater was achieved every month June 20 → Mar 21
- Cumulative Rate June 20 → Mar 21 was 98.4% (492/500)

3.3 Paediatric Collaborative

The formal launch of the Children and Young Peoples Paediatric Service Safety and Quality Strategy in spring 2020 was delayed due to the pandemic.

Nevertheless in practice the Paediatric Service has demonstrated the ethos of the strategy in action to ensure safe services for children and young people through the first year of the pandemic. This included:

- Rapid reconfiguration of paediatric services,
- Introduction of virtual meetings and virtual patient consultations,
- Flexible and agile staffing arrangements,
- Close interface working with primary care colleagues regarding changes and
- Ongoing engagement with children/ young people and their families regarding new service arrangements.

This whole system approach and the lessons learned are outlined in more detail in the article published in the European Medical Journal in February 2021.

Rapid Reconfiguration of Paediatric Services in a District General Hospital During COVID-19, Addressing Challenges, and Seeing Opportunities - European Medical Journal (emjreviews.com)

This has been a challenging time for all services but the CYP Paediatric Service has demonstrated collective leadership and a readiness for innovation throughout.

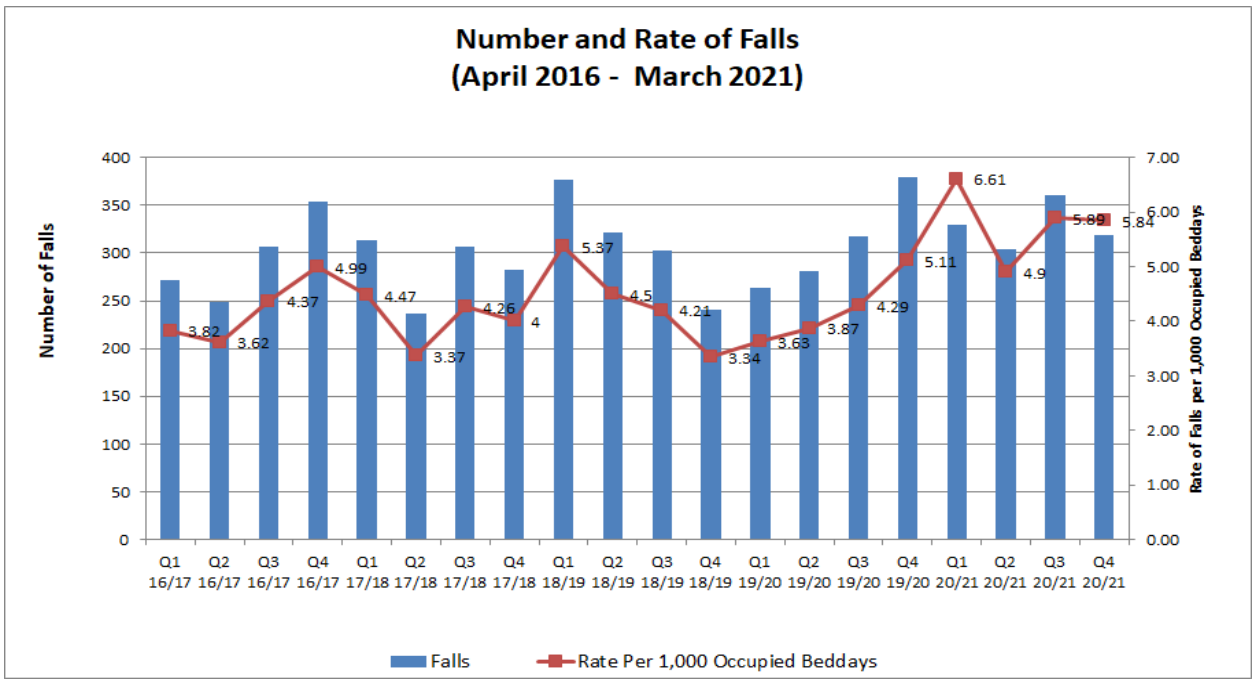
Further engagement events are planned in spring 2021 to revisit the Paediatric Safety and Quality Strategy Action Plan, review progress and agree priorities for 2021/22.

3.4 Falls

Patient falls are the most common safety incident in hospitals. They can set back the recovery of a patient and can cause complications.

Falls are not always preventable. The Trust aims to reduce the level and severity of falls in our hospitals as a measure of quality and ensure the risk of falls is being managed well. This is achieved by reviewing the nursing documentation and observing practice.

When a fall occurs at ward level, an Incident Report form is submitted and reviewed by the Ward Sister and the Head of Service. If a patient sustains an injury (such as fracture or head injury) due to a fall, a review of the case is carried out. The learning from this review is shared with staff in an attempt to reduce the level and severity of falls which may occur in the future.



Facts and Figures

- This graph shows that the Trust recorded 1313 Patent Falls in 20/21, with a rate of 5.77 per 1,000 Occupied Bed Days compared to 1240 and 4.28 in 19/20
- 30 of the 1313 total Patient Falls were coded moderate or above falls, which equates to 2.3% of the total reported
- A review of these 30 patient falls is undertaken using the Regional Shared Learning Template

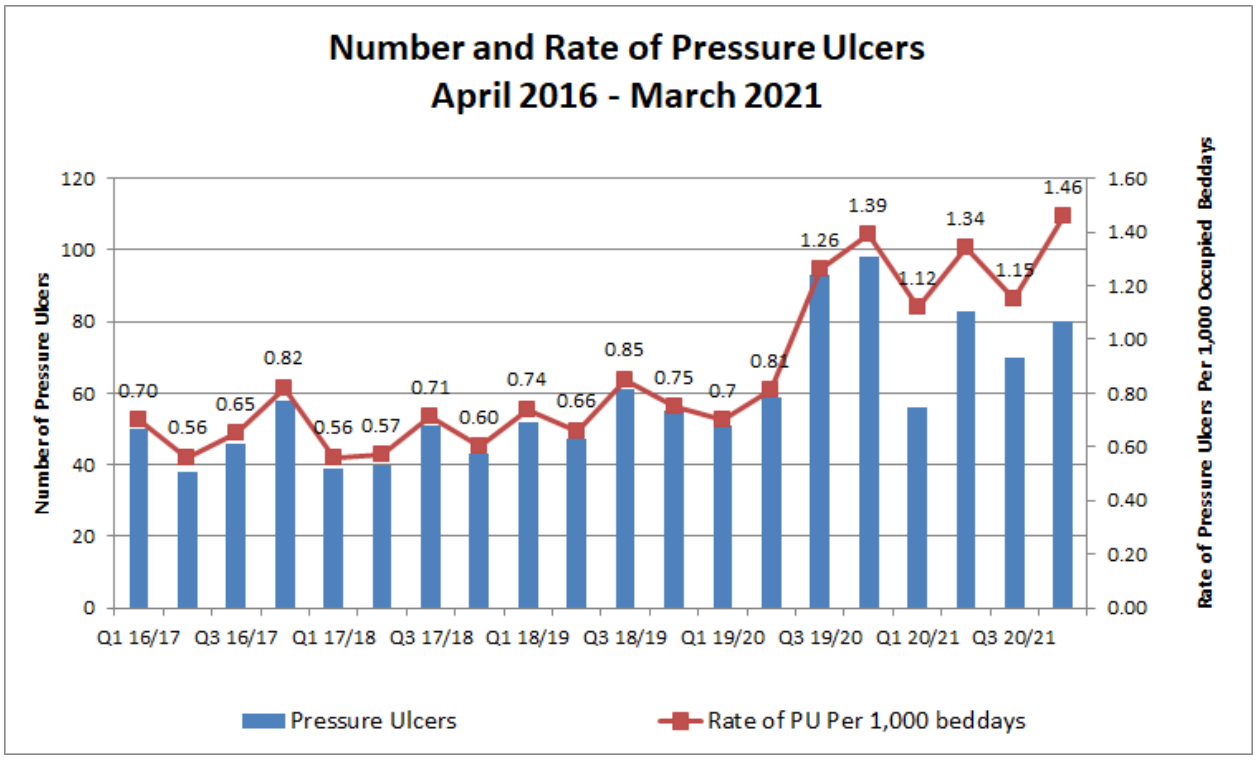
3.5 Pressure Sores

Preventing Pressure Ulcers are an essential aspect of patient safety.

A Pressure Ulcer is localised injury to the skin and/or underlying tissue usually over a bony prominence as a result of pressure, or pressure in combination with sheer.

The impact on patients can be considerable, due to increased pain, length of hospital stay and decreased quality of life; however it is acknowledged that a significant number of Pressure Ulcers are avoidable.

Anyone can develop a Pressure Ulcer but some people are more likely to develop them than others e.g. critically ill patients, patients who are immobile, the frail, wheelchair users and end of life patients. Pressure Ulcers are recorded as an incident by staff involved in the patient's care on the clinical information system (Datix) so that they can be monitored and analysed.



What does the data tell us?

- The Trust recorded 289 "Hospital Acquired" Pressure Ulcers in 20/21, with a rate of 1.27 per 1,000 Occupied Bed Days compared to 301 and 1.04 in 19/20. This represents a 4% decrease in the number compared to 19/20. However the rate actually rose in 20/21 compared to 19/20. This is due to the significant reduction in Occupied Bed Days in 20/21 compared to 19/20 due to the COVID-19 Pandemic.
- As per Regional Agreement "Acquired" cases in ED (17) are included in the data in 20/21, which should be taken into account when comparing 20/21 with 19/20.

- 70 of the 289 total of "Hospital Acquired" Pressure Ulcers were graded as a stage 3/4/Deep Tissue Injury (DTI) (deep wounds), which equates to 24% of the total reported. This represents a decrease of 1% compared to 19/20.
- Post Incident Reviews of 67 of these 70 cases has been carried out, with 32 cases deemed to have been "avoidable". This represents 11% of all cases reported in 20/21, a decrease of 1% on 19/20.

Community QI Work:

- Quality Improvement Work on Pressure Ulcers is also ongoing in the Community, with the regionally agreed SKIN Bundle being introduced in all 7 Integrated Care/District Nursing Teams. Unfortunately due to the COVID-19 Pandemic the Audit of the SKIN Bundle was suspended, however has been reintroduced in 21/22.
- Baseline Data collected in 20/21 showed that there were 70 Stage 2 & above Community Acquired Pressure Ulcers of patients on the District Nursing Caseload. Of these 29 were graded as a stage 3/4/Deep Tissue Injury (DTI) (deep wounds), which equates to 41% of the total reported.
- Post Incident Reviews of all 29 cases has been carried out, with 3 cases deemed to have been "avoidable". This represents 4% of all cases reported in 20/21.

What Next:

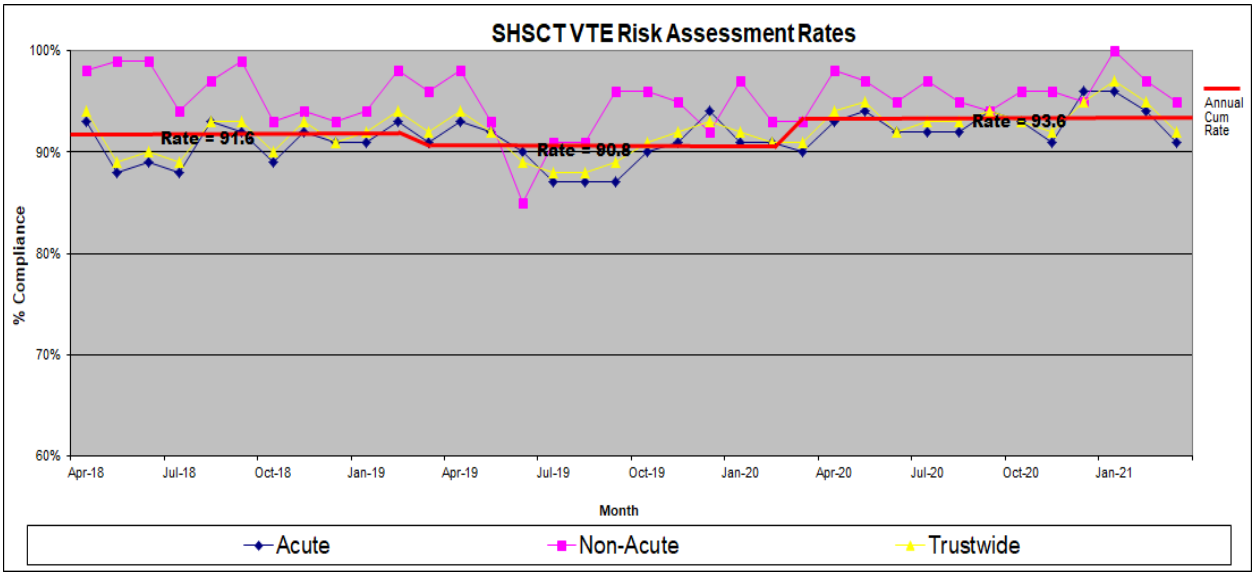
- Review/update Pressure Ulcer Action Plan
- Revise Trust's Pressure Ulcer & Management Plan Policy
- Introduce revised NQI SKIN Bundle for Acute & Non-Acute Wards across the Trust
- Audit of the SKIN Bundle by all Integrated Care/District Nursing Teams, with the aim of reducing the number of avoidable "Community Acquired" Pressure Ulcers.
- A Post Incident Review will be undertaken on all Stage 3 & above Ward & Community Acquired Pressure Ulcers in 2021/22
- Staff encouraged to enhance their knowledge of the Prevention and Management of patients with Pressure Ulcers via the Regional E-Learning Module, CEC Pressure Ulcer Training Programme & Trust face-to-face training (post pandemic)
- The Southern Trust will continue to play an active role in World Wide Pressure Injury Prevention Day (18th November 2021), to increase awareness for pressure injury prevention and to educate the public on this subject

3.6 Venous Thromboembolism (VTE)

Deep venous thrombosis (a clot in a patient's leg) and pulmonary embolism (which may be referred to as a clot in the lung) are recognised complications of medical care and treatment.

These complications, known as venous thromboembolism (VTE) can cause harm or death as a consequence.

VTE is potentially preventable if patients are assessed and offered suitable preventable treatment. Therefore the Trust will seek to improve the numbers of patients who are risk assessed as an indicator of quality / safety processes.



Facts and Figures

- Almost 4,500 charts were audited during 2020/21 across the Trust. Compliance was 93.6%. This represents an increase in the compliance rate from the 90.8% position in 2019/20
- Non-Acute Wards (Lurgan & South Tyrone Hospital) achieved a cumulative compliance of 96% in 20/21, exceeding the Regional Goal of 95%
- The Audit was disrupted in Q1 20/21 due to COVID-19

3.7 Medicines Management

Medicines Management

It is very important that we know what medicines a patient is taking and if these are appropriate for the patient. Medicines reconciliation is the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated.

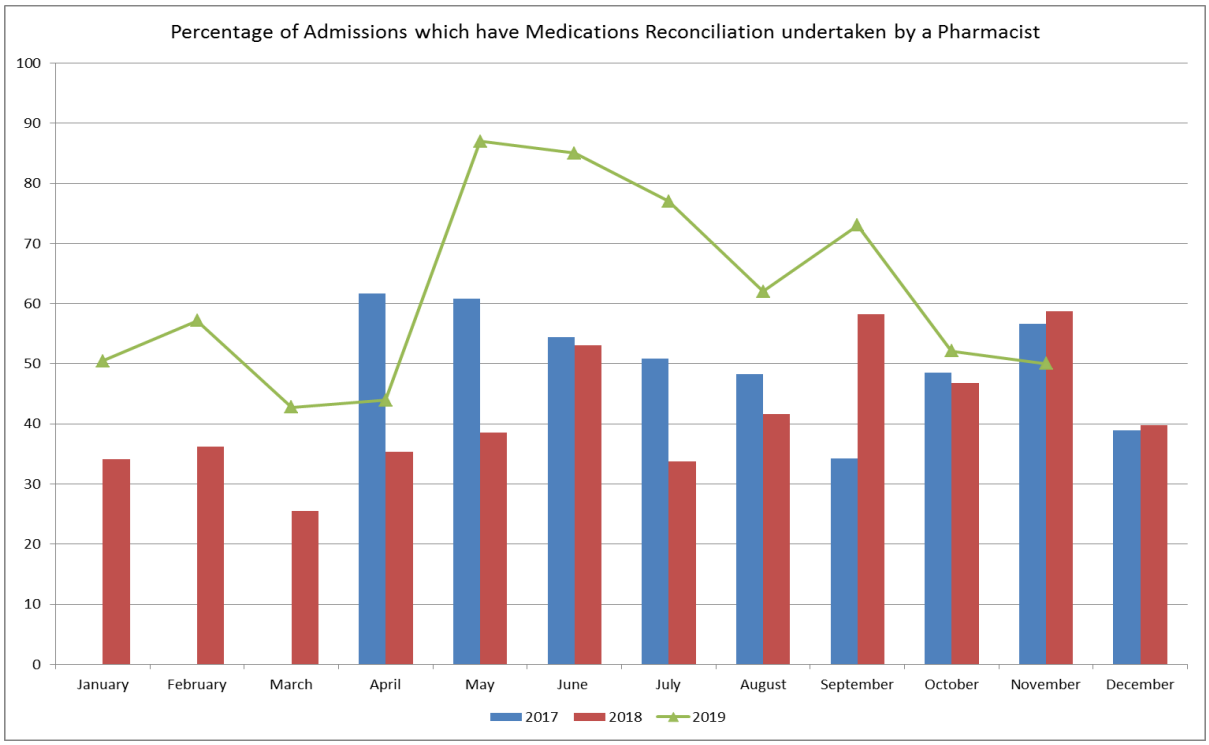
In an acute setting, medicines reconciliation should be carried out:

- Within 24 hours of admission, or sooner if clinically necessary
- When the person moves from one care setting to another
- On discharge.

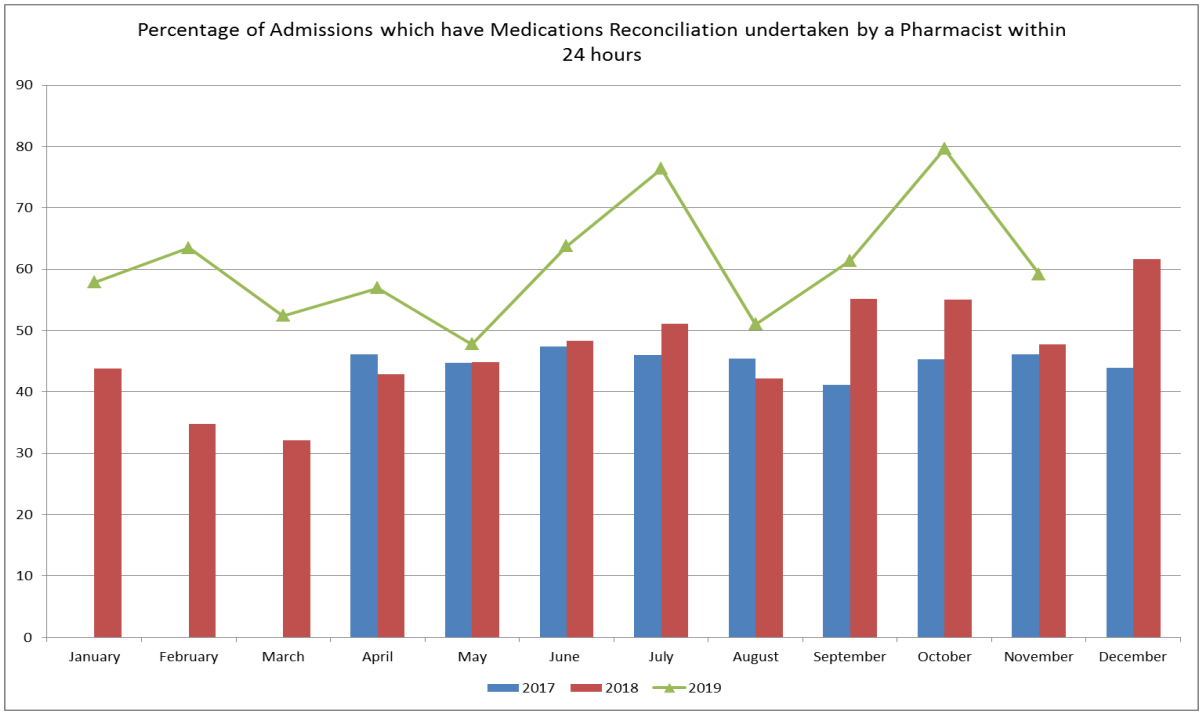
Medicines reconciliation by a pharmacist is conducted wherever possible for patients admitted and discharged from hospital; however this is not possible for all patients due to the number of patients and pharmacists available, which is a recognised service gap.

Facts & Figures

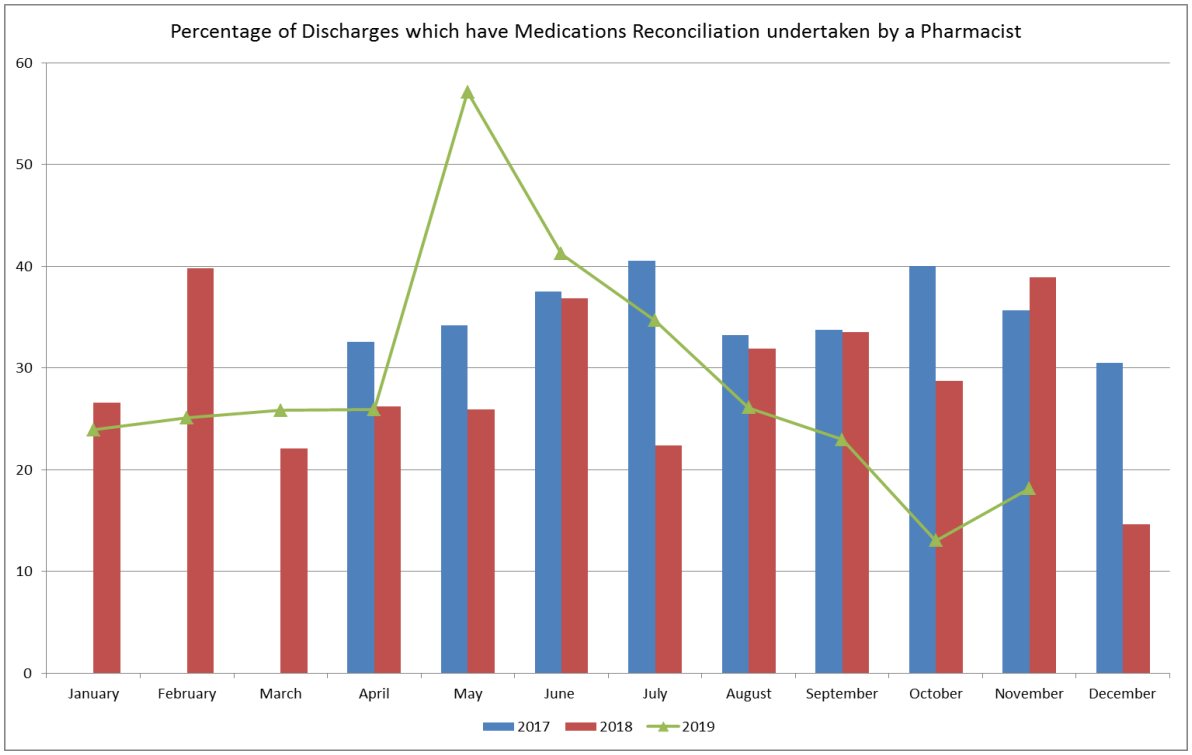
The following graphs show the data recorded on all wards in the Southern Trust that have a clinical pharmacy service. Data was collected within the Trust until November 2019.



- We are maintaining 60-65% of patients with completed medicines reconciliation on admission.



- We are maintaining 55-60% of medicines reconciliation within 24hrs of admission.



- We are maintaining 30% of medicines reconciliation on discharges.

Ongoing pharmacy investment will continue to support improved safety in medicines management, as well as improving management of patient flow in our hospitals.

Pharmacist Independent Prescribing

Clinical pharmacists identify numerous discrepancies in prescribed medications during the many stages of a patient journey from admission (medication history and reconciliation), medication review during their stay and particularly on discharge via a process known as a 'clinical check'. "Discrepancies" include; omissions, errors of dose, drug-drug interactions and adverse drug reactions, which could impact on patient safety and potentially delay discharge.

Pharmacist Independent Prescribers (PIPs) were introduced in the Southern Trust in 2018 to complement the role of the junior doctors and improve patient experience through expedition of discharge, while ensuring safety and quality of discharge prescribing.

We continue to work together with the multi-professional team to shape a service to improve the quality of the patient discharge information and ultimately patient care, introducing a process which best meets the needs of the service and ultimately improves the patient experience particularly in relation to medication safety.

Anticoagulation

Anticoagulation is an important means of reducing stroke or harmful clots. For many years warfarin has been the mainstay of treatment. In recent years, other drugs have been developed that are often used first line; these are referred to as "Direct Oral Anticoagulants" or DOACs.

In the hospital setting, DOACs are used first line for patients with Atrial Fibrillation (AF), Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE). However for some patients, DOAC therapy is not suitable and they must receive treatment with warfarin or LMWH therapy.

Warfarin is unlike other medicines as there isn't a fixed dose. The dose that a patient takes will be individual to them, and may vary based on the results of blood tests that measure how long it takes for that patient's blood to clot.

Many patients on warfarin are looked after by their own doctor. However for patients who are newly started on warfarin or where their dose is very variable, they attend an anticoagulant clinic at the hospital. These clinics operate in Craigavon, Daisy Hill and South Tyrone Hospitals and there have been many developments in these clinics over the years.

For patients who have a poor time in therapeutic range resulting in poor INR control, their notes are reviewed and if suitable they are switched onto DOAC therapy. There are currently four DOACs available. These agents do not require frequent monitoring.

Many of our patients are clinically vulnerable. This year during the pandemic, we have focused on switching suitable patients from warfarin to DOAC therapy, to reduce the need for INR monitoring at the hospital clinic.

Some patients have been directed towards self-monitoring – these are patients who cannot be switched to a DOAC and who find it difficult to attend clinic, e.g. due to work commitments

or because they have been advised to shield. These patients can purchase their own point of care INR monitor. They are trained to self-test their INR and then can either contact the clinic for advice on dosing or they can receive further training to adjust their own warfarin dose. These patients link in with the anticoagulant clinic either in the hospital or at their GP practices every six months for review.

For those patients who remain on warfarin, the pandemic has meant that there have been occasions when patients haven't been able to attend appointments for INR monitoring. This has been because they have had a positive diagnosis of COVID-19 or because they have been advised to self-isolate due to being a close contact of a positive case. In these cases, district nursing colleagues have been called on to assist with managing these patients, while they cannot attend the hospital clinic.

Insulin

The incidence of diabetes in the general population continues to rise. One in every five inpatient beds in Northern Ireland is occupied by a patient with diabetes. For patients with Type 1 Diabetes, insulin is essential and increasing numbers of patients with Type 2 Diabetes are also now treated with insulin. Insulin is also a critical medicine where particular care is required to ensure it is used safely.

The Safe Use of Insulin Group continues to meet and develop guidelines and protocols to support the safe use of insulin in the trust. During 2020/21 additional guidelines were developed to support the care of patients with diabetes and COVID infection. With the use of dexamethasone as part of COVID treatment, there was an increase in the number of in-patient reviews required for steroid-induced diabetes or hyperglycaemia and input at ward level for better management of blood glucose. Infection prevention and control measures required new models of working with in-patient reviews conducted remotely before multidisciplinary diabetes team ward rounds could recommence. Inpatient reviews and ward rounds provided specialist review and the opportunity to improve diabetes care, insulin safety and contribute to a letter overall patient experience. This includes opportunities to educate patients and staff.

The Insulin Quality Improvement Program with clinical sisters continued, monitoring actions to reduce incidents involving omitted and delayed doses, incorrect insulin and incorrect doses. Education sessions in diabetes and insulin were also provided to foundation year one doctors.

The national 'Insulin Safety Week' took place in July 2020 and the trust participated with a quiz 'Know your insulins' delivered via Survey Monkey and daily global emails with material promoting insulin safety. During this week, an insulin lanyard card was also launched and distributed to staff as a quick reference guide for different insulin products and key safety points with different types of insulin. National 'Hypoglycaemia Week was held in October 2020, global emails included signposting to trust hypoglycaemia guidelines, highlighting Hypo boxes and a quiz. Both events were supported at ward level by the

Diabetes Team with conversations with staff to promote the material and raise awareness together with social media posts.

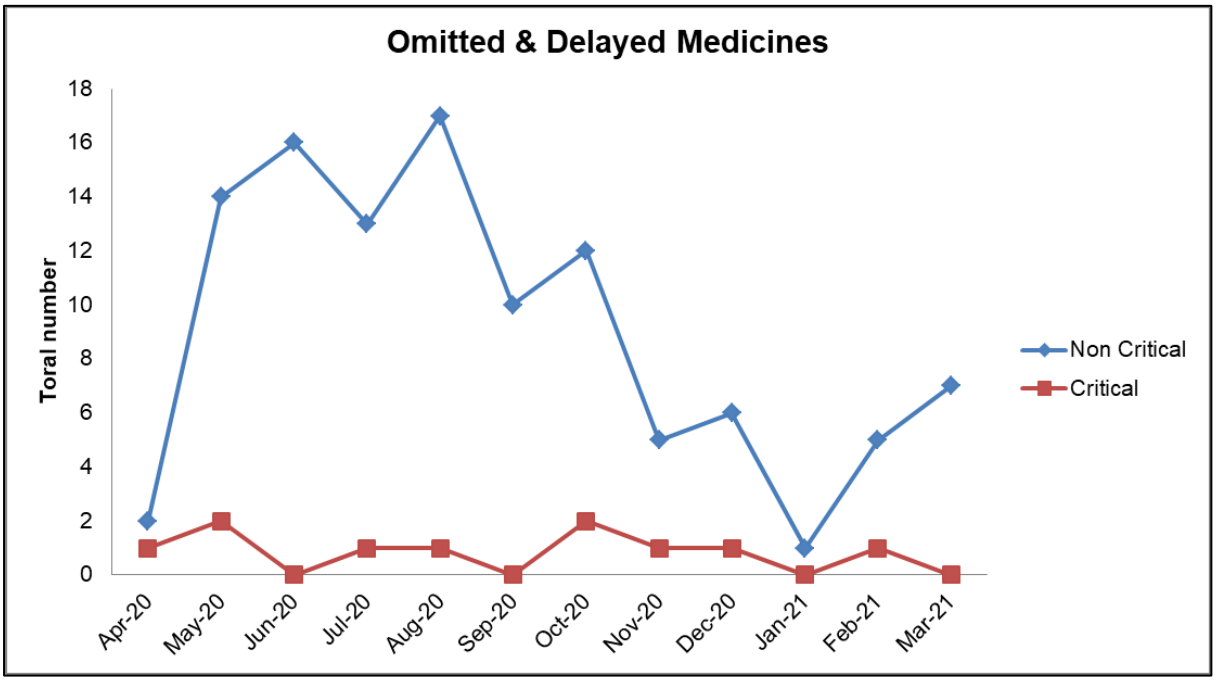
Omitted and Delayed Medicines

Medicines can be inadvertently omitted or delayed in hospital. This can be on admission, during the admission or on discharge and can occur during prescribing, administration or dispensing of medicines.

On admission to hospital, it can sometimes be difficult to determine what medicines a patient usually takes, which can lead to medicines not being prescribed. Access to information about GP prescribed medicines and previous discharge prescriptions through the Northern Ireland Electronic Care Record (NIECR) has greatly improved the information available to enable more accurate medicines reconciliation to occur. The work of pharmacists in Medicines Reconciliation on admission and at discharge identifies omitted and delayed medicines and is described earlier in this section.

Most medicines are administered as prescribed in hospital, with some doses withheld for valid clinical reasons. However on occasion, some doses are inadvertently omitted. This is particularly important for certain critical medicines where omission or delay is more likely to result in harm. Nursing quality indicators are used to monitor this on an ongoing basis.

For some critical medicines, an omitted or delayed dose can lead to more serious harm. Particular attention should therefore be given to reducing inappropriately omitted and delayed doses of critical medicines.



Facts and Figures

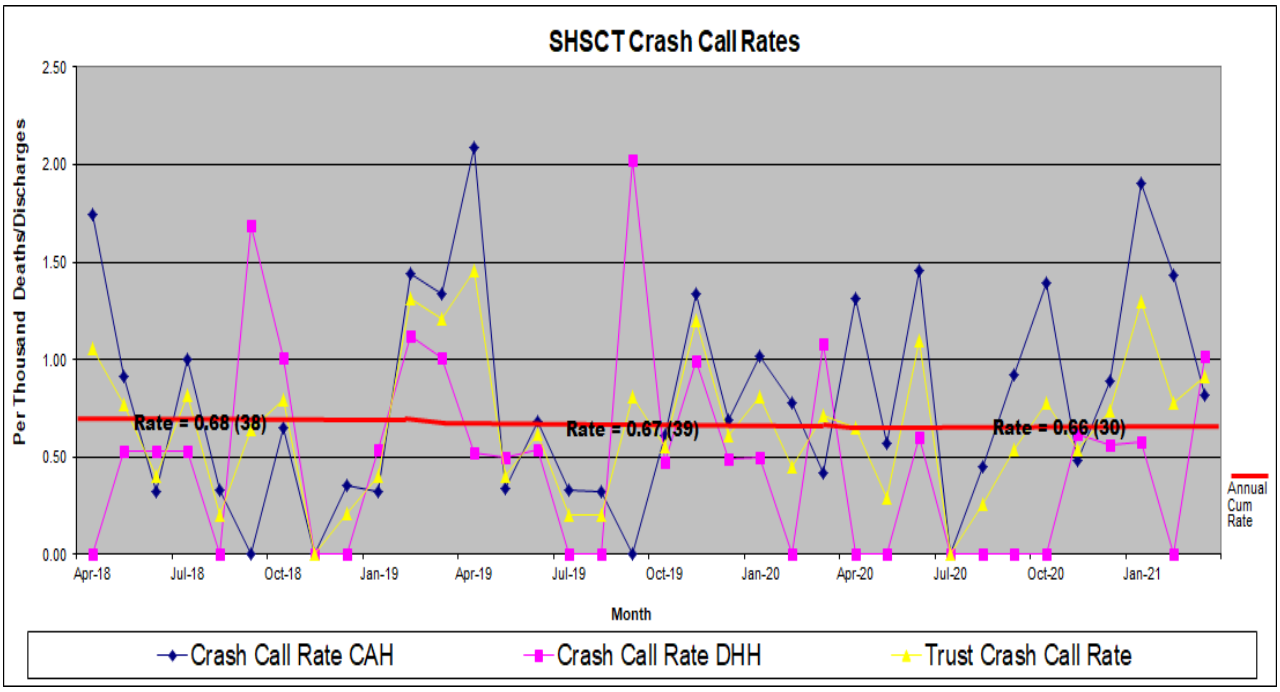
Figures below are based on NQI audit results from April 2020 – March 2021

- Based on the 38,666 doses prescribed across 2,412 charts audited, 0.30% (n=117) were blank doses, a decrease from 0.50% in 2019/2020 audits results.
- Of the 38,666 doses prescribed, 0.02% (n=10) were critical medicines, a small decrease from 0.03% in 2019/2020 audits results.

3.8 Cardiac Arrest Rates

Facts and Figures

Trust cumulative Crash Call rate for 20/21 was **0.66 (30 Crash Calls)** per 1,000 deaths/discharges, down from **0.67 (39 Crash Calls)** in 19/20.



Safety, Quality & Experience South

HSC Southern Health and Social Care Trust

Quality Care - for you, with you

Theme 4

Raising the Standards

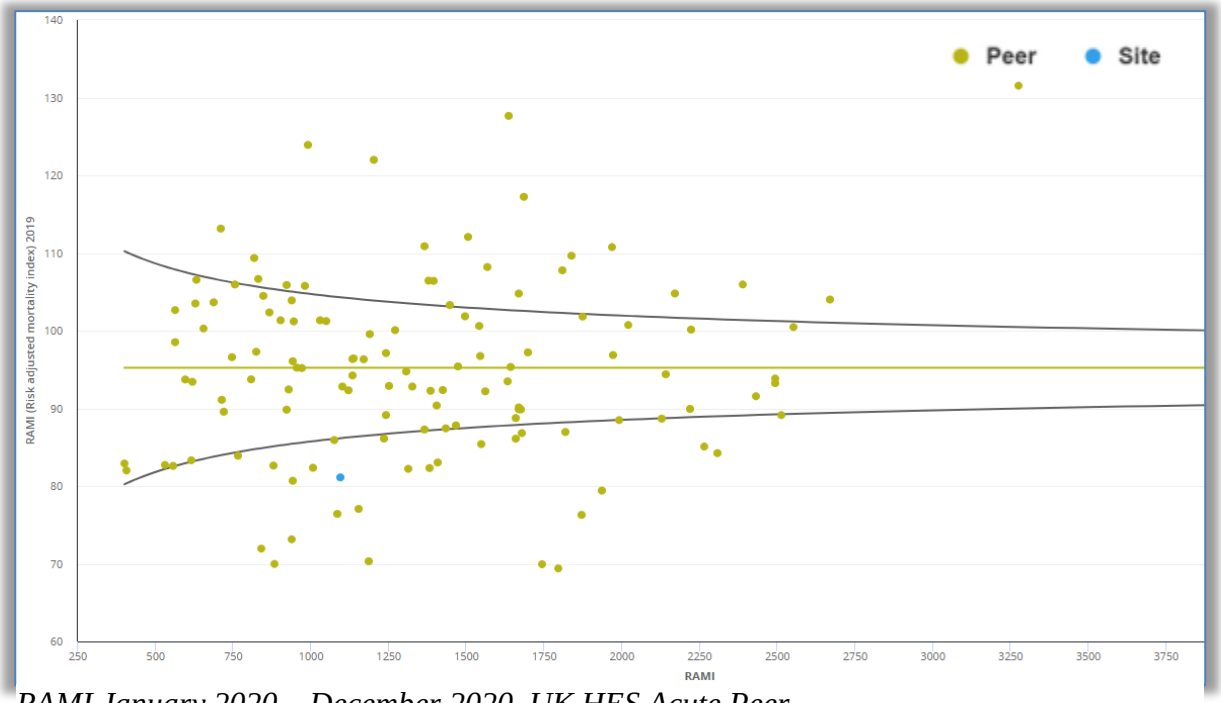
4.1 Standardized Mortality Ratio

RAMI Analysis

The Risk-Adjusted Mortality Index (RAMI) is an indicator that uses the characteristics of the patients treated in hospital to calculate a number of expected deaths and then compares this to the number of actual (observed) deaths. The expected number of deaths is calculated using historical UK reference data from a five time period, representing over 90 million spells and 1.1 million deaths. A RAMI of 100 means mortality was exactly in line with expectations; over 100 means more deaths occurred than would be expected, and below 100 means there were fewer than expected deaths.

The methodology behind the RAMI is limited to just six factors, each of which is known to have a significant and demonstrable impact on risk of death. These are:

- Age – six groups;
- Admission type – elective or non-elective;
- Primary clinical classification – 260 CCS groups;
- Sex – defaults to female if not known;
- Length of stay – specific groups only; and
- Most significant secondary diagnosis.



RAMI January 2020 – December 2020, UK HES Acute Peer (NHS England acute trusts)

Funnel plot analysis shows the Trust position in relation to individual UK peer sites (NHS England acute trusts). Health and Social Care Board guidelines indicate that a position above

the upper confidence limit in a funnel plot would require further investigation; this is not the case for the **Trust as it is sitting below peer average and the lower confidence limit**.

Note:
Risk Adjusted mortality (RAMI) is an indicator that uses patient characteristics treated in hospital to calculate the number of expected deaths and then compares this to the number of actual (observed) deaths. RAMI is rebased each year to address changes in data capture. The RAMI used in this report is RAMI 2019. Observed rates of death adjusted for age, admission, sex, diagnosis (primary and secondary), and length of stay (for chronic conditions only). Reference period latest 5 financial years across English, Welsh and Northern Ireland providers of acute and specialist NHS inpatient care. Six secondary diagnoses known to be inconsistently coded, or likely to be cause of death are ignored.

It should also be noted that risk adjusted measures such as RAMI are not designed for pandemic activity such as that observed during 2020. It is anticipated that at least 12 months full year activity will be required for sufficient data to be available to begin considering the development of risk adjusted mortality relating to COVID-19. As a result, the present RAMI measure cannot accurately calculate an expected deaths figure for records with COVID-19 coding using the present methodology. Risk adjusted reporting in this report therefore excludes any activity with COVID-19 diagnoses codes.

COVID-19 In-Hospital Mortality

Context

Risk adjusted measures do not include COVID-19 patients as they are not present in the reference data and so the calculation of specific risk for these patients will be absent. Crude mortality measurement alone also poses challenges given that it does not take account of age and sex, yet both factors are highly significant in determining the likelihood of COVID-19 deaths.

CHKS have developed an interim solution to help our clients to benchmark hospital mortality for these cases. This note outlines a simple model taking into account sex and age of patients with a confirmed COVID-19 diagnosis. It avoids the need to sub-divide the cohort of patients into multiple age groups and, by implication, producing numbers which are too low to enable an accurate assessment of the underlying true rate by adjusting for age using a continuous function mathematically defined. Sex is treated as a categorical variable.

Methodology

The model applies a simple power law to the patient's age to calculate expected deaths as follows:

$$E = R\left(\frac{Age}{70}\right)^{P}$$

With very high mortality conditions, expected deaths can sometimes be greater than 1: a person about to play Russian roulette with a six-chamber revolver more than six times is an example. However no-one can die more than once, so we then convert expected deaths to the actual risk of death (which never goes above 1) in the usual way:

$$Risk\ of\ death = 1 - 1/(e^{E})$$

Where:

- E is the patient's expected number of deaths (above)
- 'e' is Euler's number (a mathematical constant approx. 2.718)

Our current estimates for the coefficients underpinning each model (first and second waves) are given below.

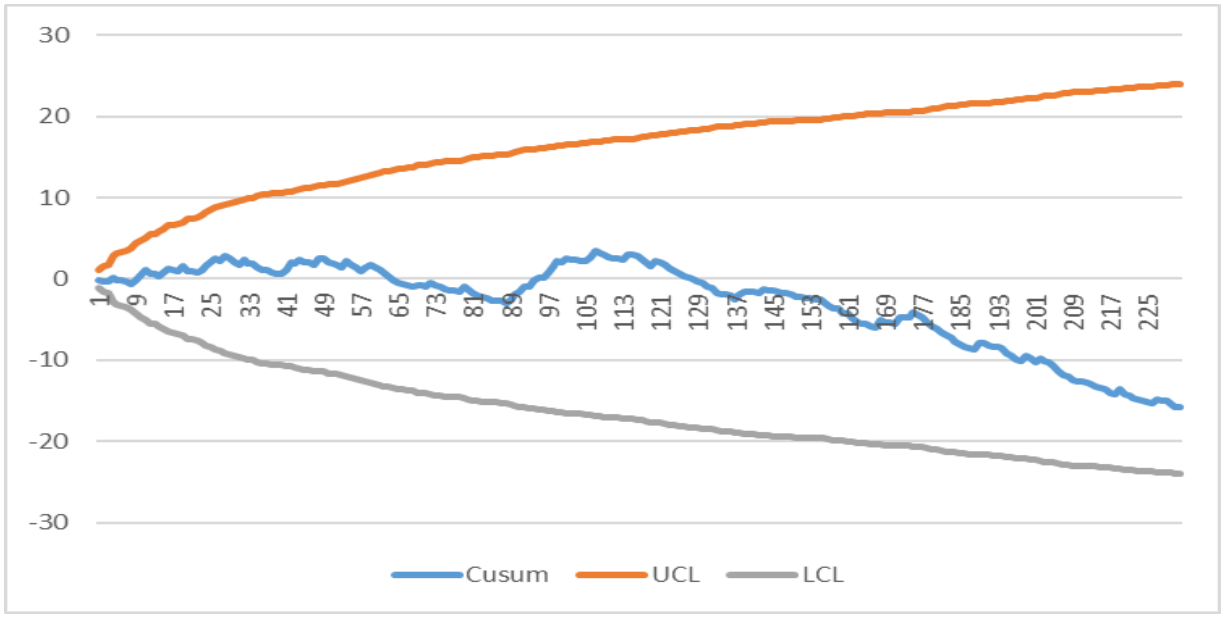
Period	Males		Females	
	Risk (R)	Shape (P)	Risk (R)	Shape (P)
March – May 2020	40%	3.5	30%	3.3
October 2020 – February 2021	28%	4.3	21%	3.9

Non-elective spells only; COVID-19 confirmed U07.1 primary position. Based on date of discharge.

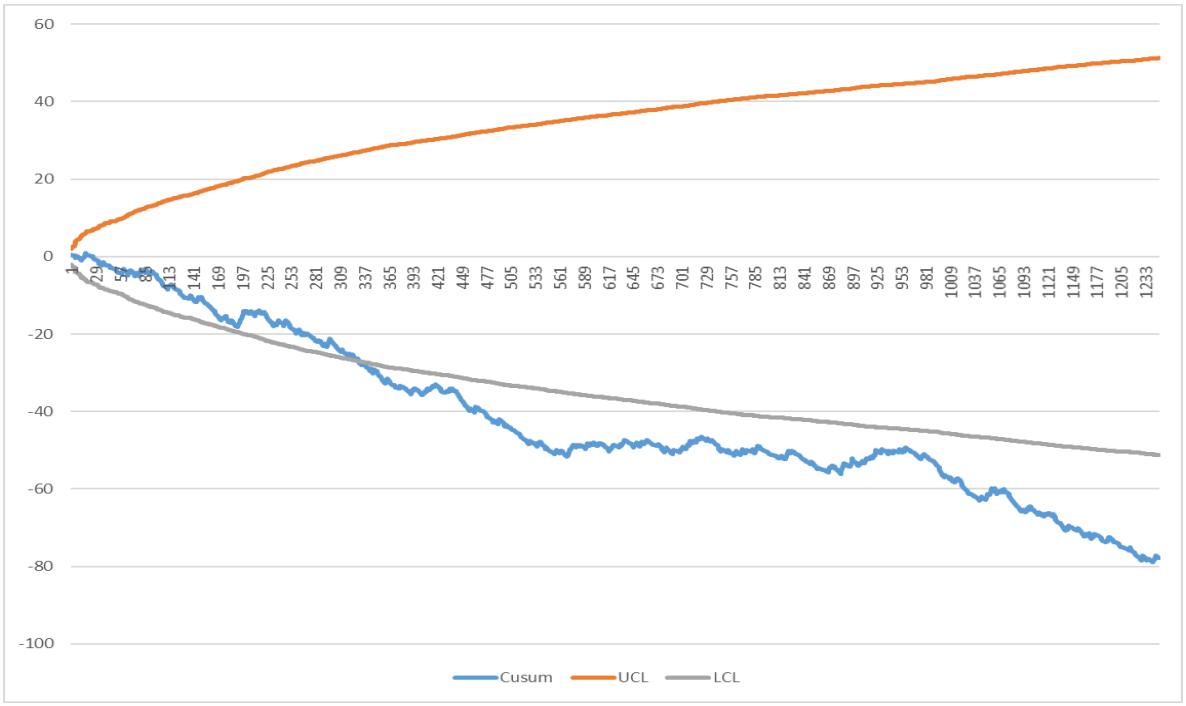
The In-Hospital COVID-19 Mortality Indicator highlights based on risk profile, (sex and age adjusted) that during the period March 2020 to June 2020, the expected deaths figure was 64 compared to actual deaths recorded as 48. For the October 2020 to February 2021 period, expected deaths were 292 compared to 214 actual (observed deaths).

The below cumulative sum control charts (CUSUM) show COVID-19 mortality performance for both periods (March 2020 to June 2020 encompassing wave 1 of the pandemic and October 2020 to February 2021 encompassing wave 2). From the starting point, each positive or negative variance is added or subtracted from the previous period's variance to produce a trend over time. Trust performance is highlighted in blue and control limits (calculated at three standard deviations) are plotted on the chart. Both charts show that overall for the analysis periods in review there is a downward trend, representing a positive performance, i.e. less deaths than expected.

In-Hospital COVID-19 Mortality Indicator, CUSUM Analysis, March 2020 to June 2020



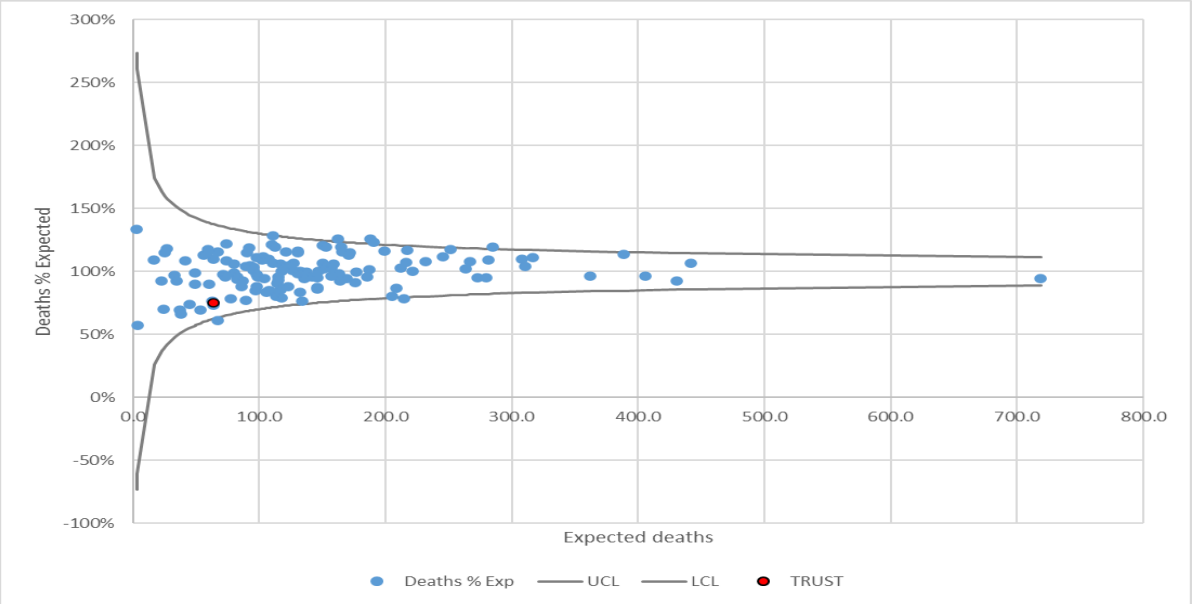
In-Hospital COVID-19 Mortality Indicator, CUSUM Analysis, October 2020 to February 2021



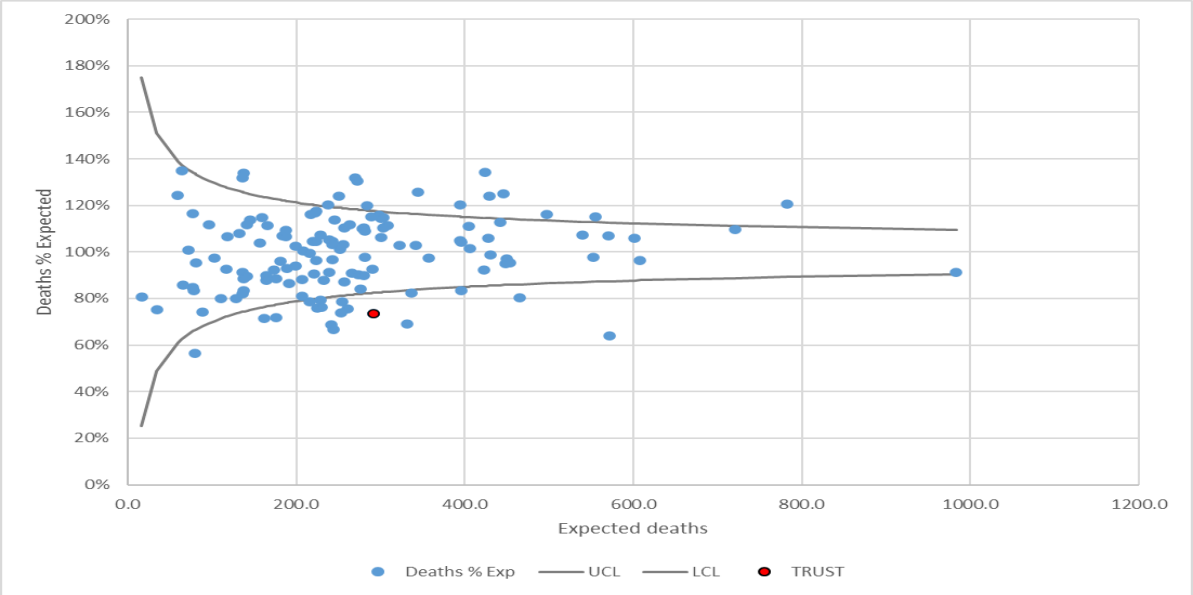
Funnel plot analysis presented below shows trust performance relative to all peer organisations in the reference data for the March 2020 to June 2020 period and October 2020 to February 2021 period. Both charts show that trust performance is below the central line (representing equal expected to actual deaths and lie within confidence limits (March 2020 to

June 2020 period) or below the lower confidence limit (October 2020 to February 2021 period).

In-Hospital COVID-19 Mortality Indicator, Funnel Plot Analysis, March 2020 to June 2020



In-Hospital COVID-19 Mortality Indicator, Funnel Plot Analysis, October 2020 to February 2021

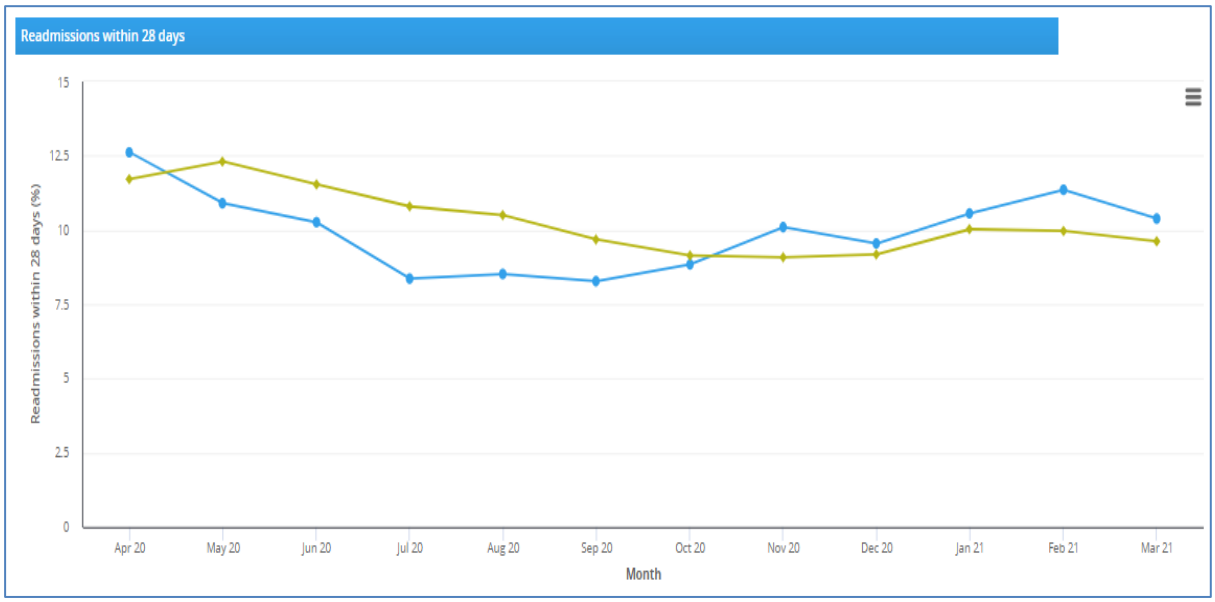


4.2 Emergency Re-admission Rate

Rate of Emergency Re-admission within 28 days of Discharge

The rate of re-admission into hospital within 28 days for patients that have been discharged from hospital is a measure of quality of care.

Re-admission can occur for a number of reasons. We use this information to allow us to review the appropriateness of discharge and the effectiveness of the support we provide after discharge.



Hospital readmissions within 28 days for 2020/21

The graph above demonstrates the Southern Trust's readmission rate (in blue) vs the CHKS peer comparator. CHKS is a leading provider of healthcare intelligence which includes hospital benchmarking that is supported by experienced NHS consultants. It converts data into actionable information that drives decision making.

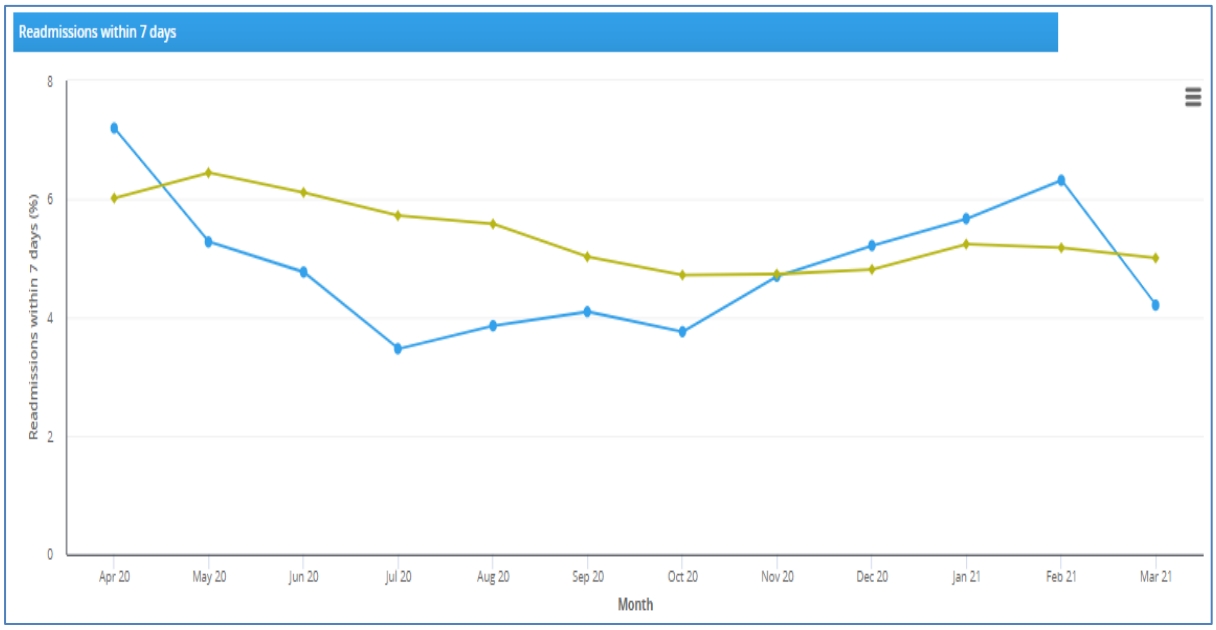
Facts and Figures

During 2020/21:

- The Trust's **average readmission rate within 28 days was 7.9%** versus the peer comparator score of 8.7%. This is a slight increase on position from the previous year (2019/20) which was 7.0%

Hospital Readmissions after 7 days

While it is very important to improve performance against the 4 hour Emergency Department targets, the Trust also seeks to reduce the number of patients who need to re-attend the Emergency Department within 7 days of their first visit, unless this is a planned part of their care. We believe this is one way of helping us to assess the quality of care given at the first attendance in the Emergency Department.



Hospital readmissions within 7 days for 2020/21

Facts and Figures

During 2020/21:

- **Unplanned re-attendance at Emergency Departments within 7 days was below the 5% target.**
- Our position was **4.78% of total new and unplanned attendances** (see graph), up from 3.26% during 2019/20.
- The 2020/2021 performance is during the first Pandemic year and is compared to the pre-Pandemic year of 2019/2020

4.3 Emergency Department (ED)

The Southern Trust has two Emergency Departments (ED), Daisy Hill Hospital and Craigavon Area Hospital. The length of time people wait in emergency departments affects patients and families experience of services and may have an impact on the timeliness of care and on clinical outcomes. The Trust aims to ensure that people are seen as soon as possible and by the most appropriate professional to meet their needs.

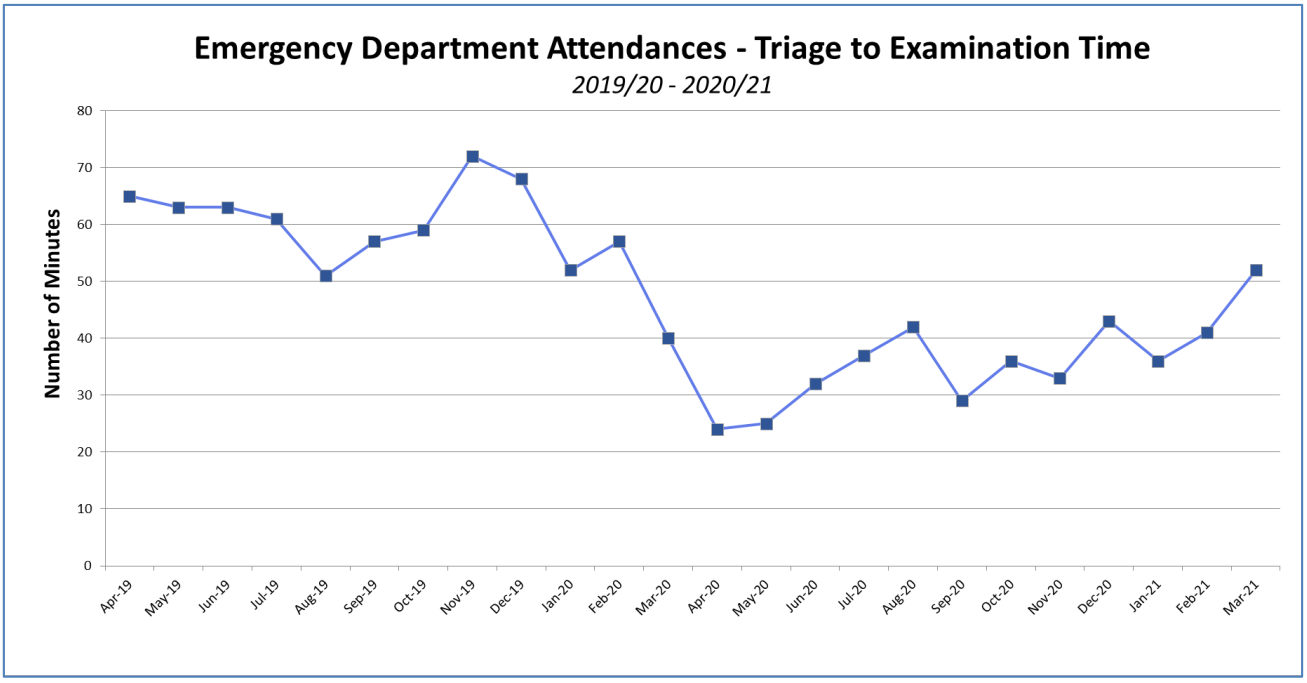
Facts and Figures

During 2020/21 there were:

- **123,135 people** who attended Southern Trust Emergency Departments and Minor Injuries Units, a **27.4% decrease** from the figure of 169,709 in 2019/20.

Triage to Examination Time

The Trust measures (in minutes) the time it takes from Triage (or Assessment) to the patient being examined.

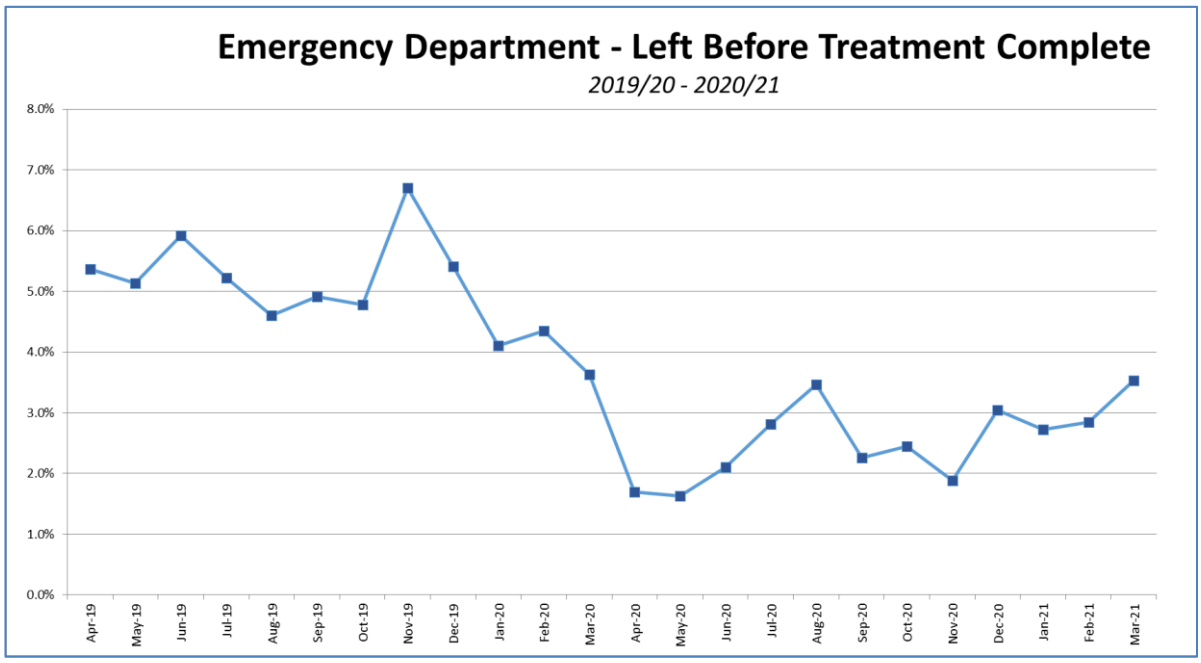


Facts and Figures

- During 2020/21, the triage to examination time was a median of 35.8 minutes. This is a reduction of 23.2 minutes or 39.2% from 2019/20.

Patients that Leave before Treatment is Complete

Please see the following graph for the full picture.



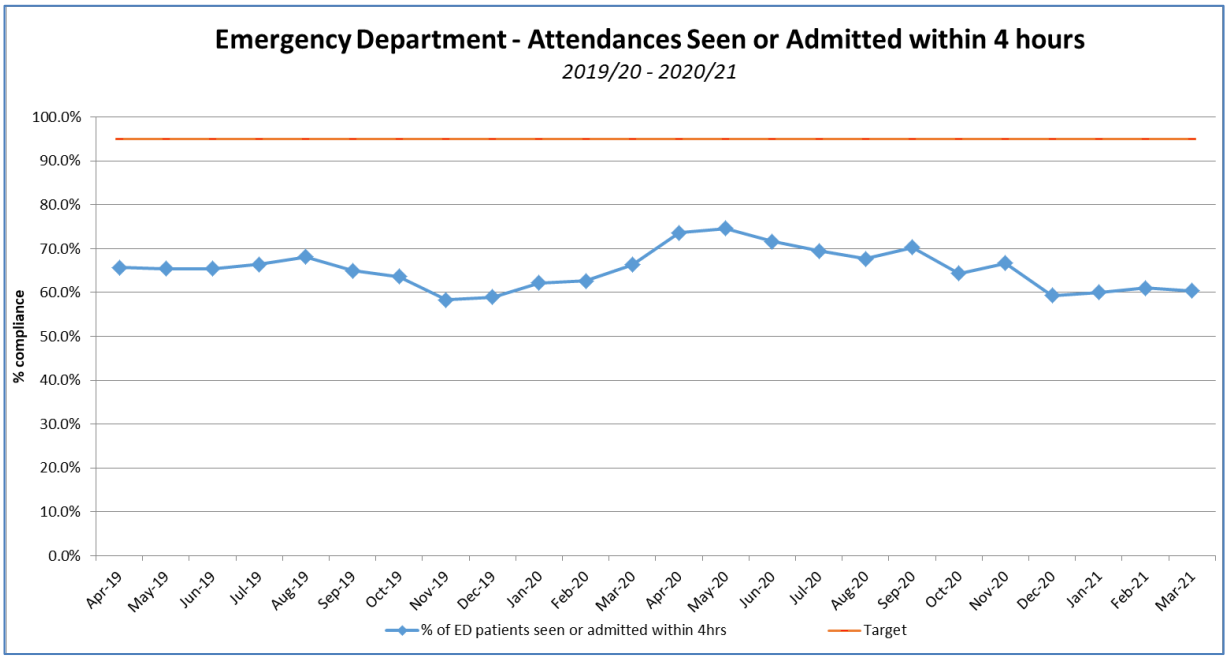
Facts and Figures

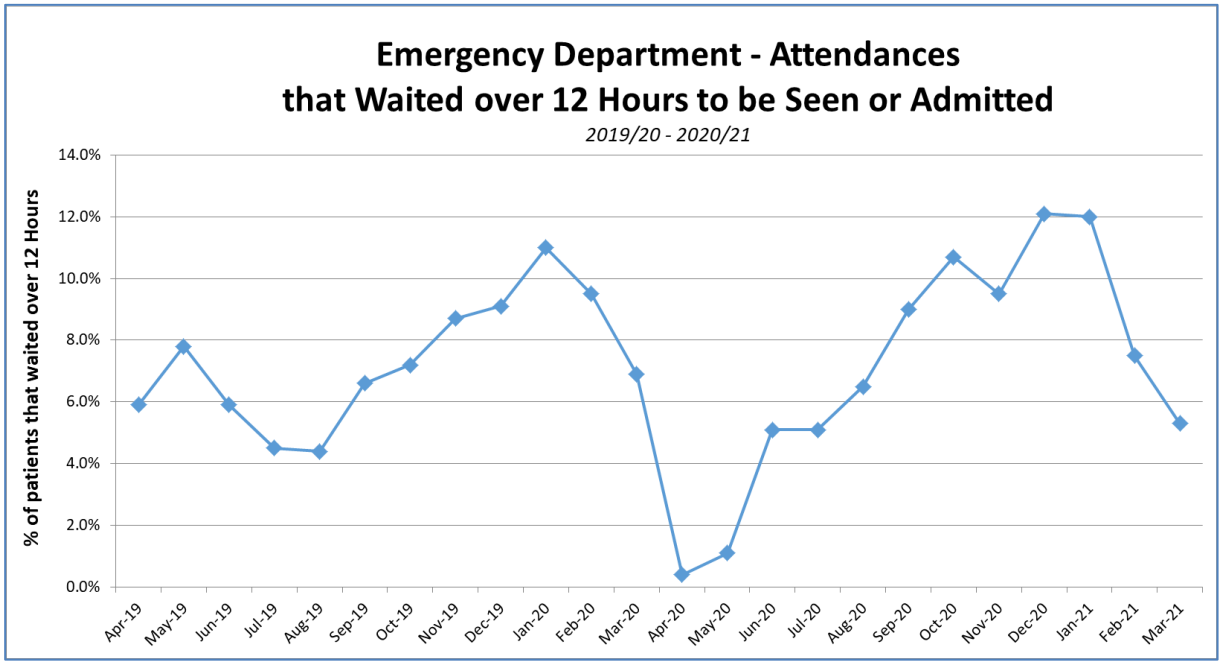
- During 2020/21, the average percentage of patients that left the Southern Trust's Emergency Departments before their treatment was complete was **2.5%, down from 5%** during 2019/20.

Emergency Department 4 Hour & 12 Hour Standards

The Trust wants to improve timeliness of decision making and treatment of patients and is working to reduce the percentage of patients who wait more than 4 hours in ED. The Trust's focus is to ensure patients are seen as soon as possible by the most appropriate medical professional.

It is important to note that waits in emergency care units are often a sign of delays in the whole hospital flow system. Significant work has been undertaken to improve waiting times in emergency care units by focusing on more effective discharge and management of patients in medical receiving units.



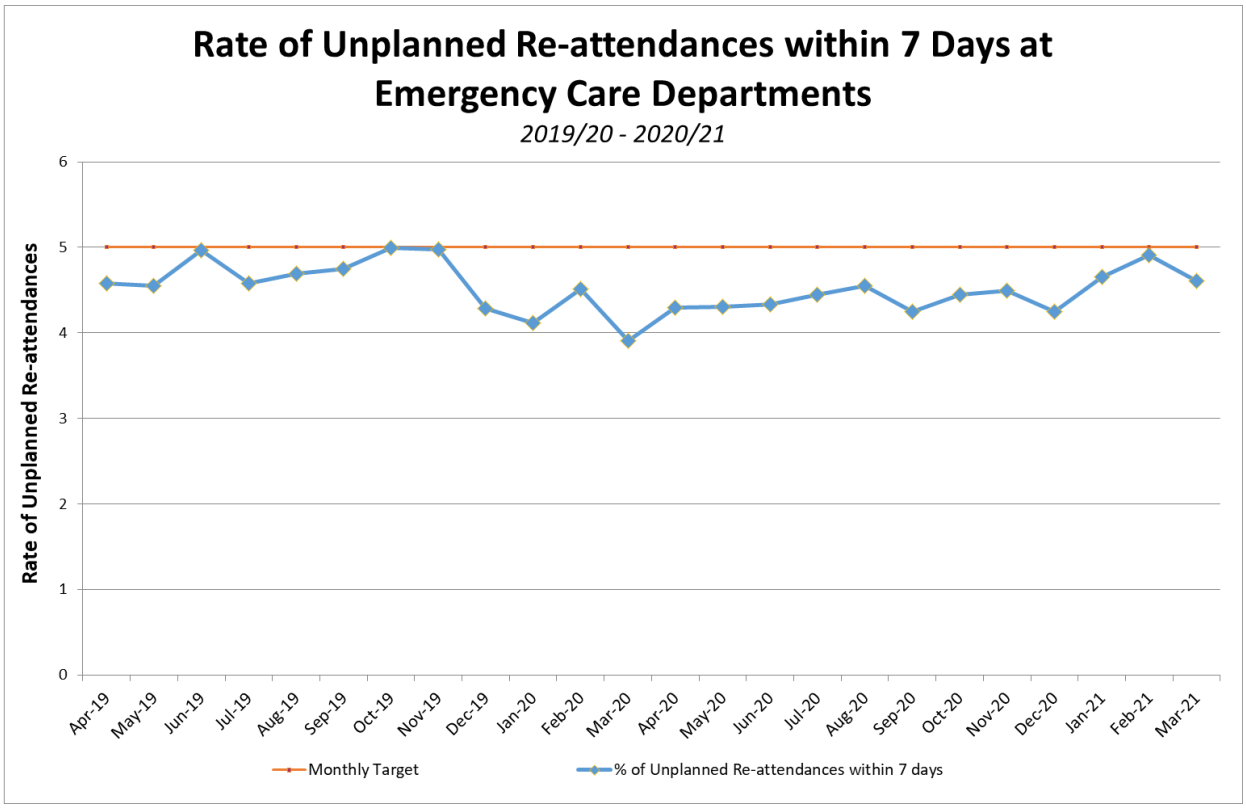


Facts and Figures

During 2020/21:

- 66.6% of patients were seen within **4 hours,** this is an increase from 64.2% in 2019/20.
- 7% of patients waited more than **12 hours**. This represents a slight reduction and improvement upon the 7.2% figure for 2019/20.

Emergency Department Unplanned Re-attendances within 7 Days



Facts and Figures

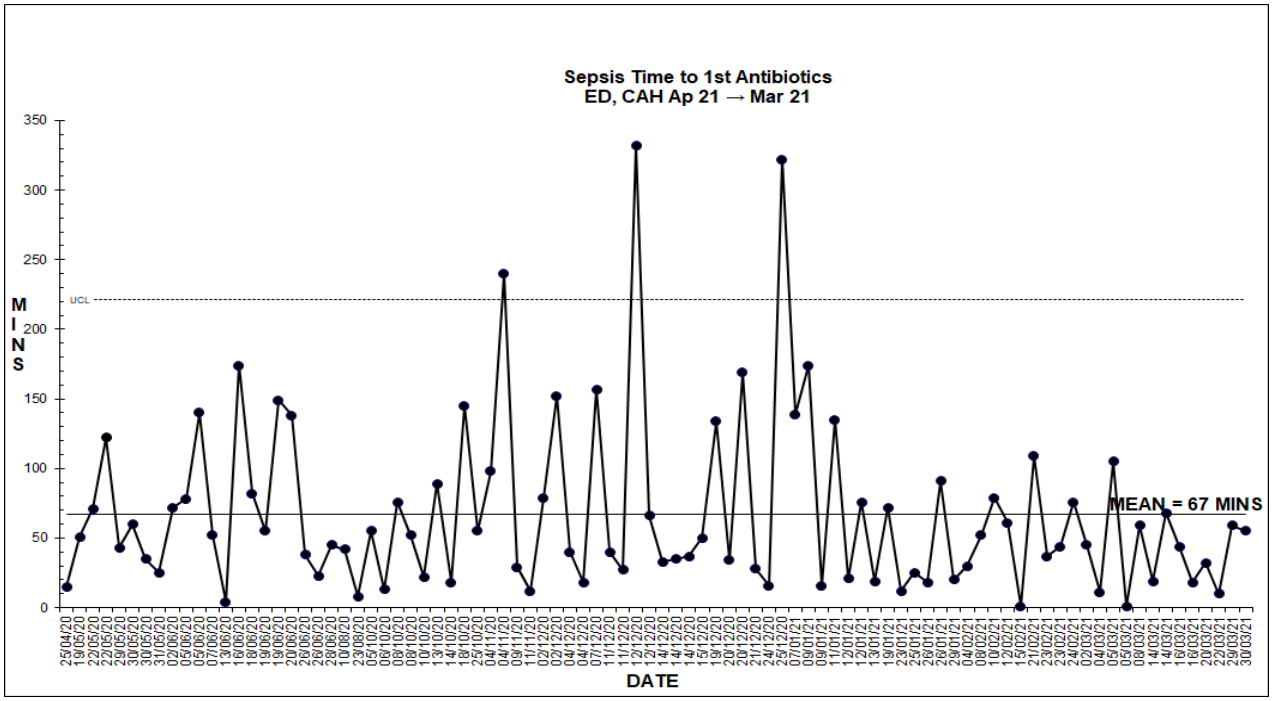
During 2020/21:

- 4.5% of patients re-attended our emergency care departments within 7 days of original attendance. This is a slight decrease from 4.6% during 2019/20.

Sepsis

The Trust Sepsis Quality Improvement Initiative was severely affected by the COVID-19 Pandemic. Work in 2 of the 3 Pilot areas was suspended, however auditing did continue in the Emergency Department at Craigavon Area Hospital with the weekly review of cases continuing online.

The regionally agreed aim was to improve the time to first antibiotics of patients who present to the Emergency Department with Sepsis "In Hours". The definition agreed upon was NEWS of ≥ 5 OR 3 in 1 category & suspected infection. However as Quality Improvement work on Sepsis was already underway it was felt that that we should audit all patients and not just those who presented "in-hours". Progress is demonstrated in the below Control Chart.



Facts and Figures

During 2020/21:

The mean time of the 90 cases audited during 2020/21 was 67 minutes, just outside the Regional Target of 60 minutes. In Quarter 4 20/21 this had reduced to 52 minutes.

How We Improve Compliance

- Case presentation to the Emergency Department morbidity and mortality meeting.
- Recognising staff excellence through awarding GREATix certificates.

Key Next Steps:

- Reintroduction of Auditing in Pilot Wards
- Reintroduction of Sepsis 6 Bundle Audit, Emergency Department, Craigavon Area Hospital
- Launch of NEWS2
- Introduction of Regional Sepsis E-Learning Programme
- Spread of QI initiative across the Trust

4.4 Clinical & Social Care Governance Research

During 2019/2020 the Trust continued to be committed to encouraging staff to be involved in research, development and innovation which:-

- Improves the evidence base
- Motivates staff to identify service improvements
- Leads to improvements in care, patient safety, quality and efficiency
- Provides new treatments and interventions which results in a better quality of life for patients and carers

Below is a summary of activity during 2020/21.

Research & Development- Nursing, Midwifery and AHPs

Research and Development is an important way through which nurses, midwives and AHPS can evidence the quality of care that is provided in the Trust.

Phases 1 and 2 of a UK-wide research study on the *Health and Social Care Workers Well-being and Coping during COVID-19* study (initially seed funded by SHSCT and now funded by PHA HSC R & D) are now complete with reports and publications available on the study website: https://www.hscworkforcestudy.co.uk/ . Phase 3 of the study finished in early July and analysis is underway.

Findings from the HSC workforce study have been shared regionally, nationally and internationally and have formed the basis for collaboration with nursing and social work colleagues in Sweden. This study provides evidence of health and social care workers wellbeing, coping and burnout during the past year and provides recommendations that can be used by employers to further support staff wellbeing. Further funding has been confirmed by PHA HSC R & D to extend the study until September 2022. The extended funding will allow evidence to be collected on staff wellbeing and coping as services recover and rebuild.

A survey and focus groups on *Women and Maternity Care Providers' Experiences and Perceptions of Planned Home Birth Service Provision in Northern Ireland* has been completed with the report write up and drafting of publications underway. The evidence from the maternity care providers and women who took part can inform the development of the new Maternity Strategy in NI which is due for review.

The final draft report of a *Regional Audit of the RQIA Planning Admission to Midwifery Led Units' guideline and Normal Labour and Birth Care Pathway* has been submitted to RQIA. A virtual launch of the report and findings took place on 3rd June 2021. The findings from this audit will inform the new Maternity Strategy in NI which is due for review

Funding secured from the SHSCT Endowments and Gifts fund has supported an innovative educational intervention *to train midwives from the Southern and Northern HSC Trusts to deliver Eye Movement Desensitisation Reprocessing (EMDR-m) for women with birth trauma*. EMDR is a National Institute of Health and Care Excellence (NICE) approved psychological intervention. The midwives will use their EMDR and perinatal mental health skills and techniques in an innovative research project which will test the effectiveness of virtual group EMDR for the management of psychological birth trauma. This important work will assist the Trust in the development of responsive perinatal mental health services for women who have experienced birth trauma.

Four newly qualified nurses in the Trust are trainees on the CNO funded *MSc in Leading Practice* course and are being supervised and supported to develop QI projects. They are working with their colleagues in their practice area to undertake an innovation in patient care. Their projects are focused on: Completion of admission documentation; Reducing the risk of Frailty progression; Commode decontamination process and Pressure ulcer prevention. The students have a MSc facilitator in their area of practice and their project supervision team bring together academic and QI expertise: Dr Patricia Gillen, Gerard Enright, and Hilary Thompson (Ulster).

A number of project collaborations and proposal developments are in progress. Peer review papers from the research projects above have been accepted for publication in academic journals and further papers are in development. Presentations at national and international conferences help to raise the profile of research and development activity in the Trust. The Head of Research and Development for Nurses, Midwives and AHPs contributes to the Annual Trust Research and Development report and ensures the inclusion of nursing, midwifery and AHP research and development publications and presentations are included in that report each year.

Supporting Trust staff with research and development activity through individual and team contact as appropriate is ongoing, including successful applications for funding to undertake research and development projects with assistance for staff writing proposals for clinical and educational purposes.

Contributing to COVID-19 Pandemic Research

The Southern Trust is making a significant contribution to international COVID-19 research.

Trust medical and research staff, assisted by student doctors, have recruited hundreds of patients to participate in COVID-19 clinical trials.

A number of senior Trust Consultants have been leading COVID-19 studies prioritised by Chief Medical Officers of Northern Ireland, England, Scotland and Wales, examining the effects of the virus and possible treatments.

Dr Peter Sharpe, Associate Medical Director Research and Development for the Southern Trust explain:

"Observing and monitoring COVID-19 in our patients is absolutely vital in investigating the impact of this new virus on the body and developing effective treatments.

"In addition to providing such high quality care to patients, our staff have shown great enthusiasm for the clinical trials which will contribute to understanding COVID-19.

"We have a range of studies ongoing, for example; analysing how COVID-19 responds to particular drugs, COVID-19 in pregnancy, neonatal complications of the virus, immunity following previous infection and examining the causes of infection.

"We are absolutely delighted that the Southern Trust is making such a major contribution to the worldwide clinical research efforts around COVID-19.

"Thanks to the dedication of our staff and willingness of patients to participate in these clinical trials, we hope to improve survival rates and outcomes for those who develop COVID-19 into the future."

4.5 Nice Guidelines

The COVID-19 pandemic has significantly impacted on the regional endorsement process for NICE Clinical Guidelines and on 31 March 2020 the Department issued circular HSC (SQSD) (NICE COVID-19 Procedures) 12/20, which suspended the regional endorsement process for NICE Technology Appraisals, NICE Clinical Guidelines and NICE Public Health Guidelines. In parallel with this decision the HSCB formalised bimonthly assurance process for NICE guidelines was also stood down, albeit the Trust continued to progress and monitor local compliance in accordance with Trust procedure.

Whilst the process for endorsing NICE Technology Appraisals was reinstated on 25 June 2020 the suspension of the other circulars remained in place throughout 2020/21, albeit that any updates to existing clinical guidelines were regionally circulated for review and appropriate action by the Trust.

As a consequence the number of NICE guidelines received by the SHSCT was greatly reduced in comparison to previous years. A breakdown by type is summarised in the table below.

Type of NICE guidance	Number
NICE Antimicrobial Guidelines	3
NICE COVID-19 Rapid Guidelines	21
NICE COVID-19 Rapid Guideline updates	1
NICE Clinical Guidelines	0
NICE Clinical Guideline updates	22
NICE Interventional Procedures	7
NICE Technology Appraisals (including updates)	6
NICE Public Health Guidelines	1
Total	**61**

However in response to ongoing clinical and research developments throughout the pandemic, NICE has worked collaboratively with NHS England, NHS Improvement and a cross-speciality clinical group, with support from the specialist societies and royal colleges to produce numerous NICE COVID-19 rapid guidelines and evidence summaries to help healthcare workers respond to the ongoing pandemic.

One of the key NICE rapid guidelines developed during 2020/21 is COVID-19 Rapid Guideline NG 191 – Managing COVID. This guideline covers the management of COVID-19 for children, young people and adults in all care settings. It brings together the existing recommendations on managing COVID-19, and new recommendations on therapeutics, so that healthcare staff and those planning and delivering services can find and use them more easily. Work is ongoing to review and complete the baseline assessment for this guidance so to provide an assurance that the Trust has systems and processes in place to meet the recommendations.

Quality Improvement Initiatives 2020/21

Despite the negative impact of the COVID-19 pandemic on many of the NICE guidance quality improvement projects were previously being undertaken within the SHSCT, one significant piece of work that has been progressed during 2020/21 is in relation to **NICE Clinical Guideline CG 174 – Intravenous Fluid Therapy in Adults in Hospital.**

Adult hospital inpatients need intravenous (IV) fluid therapy to prevent or correct problems with their fluid and/or electrolyte status. This may be because they cannot meet their normal needs through oral or enteral routes (for example, they have swallowing problems or gastrointestinal dysfunction) or because they have unusual fluid and/or electrolyte deficits or demands caused by illness or injury (for example, high gastrointestinal or renal losses).

Deciding on the optimal amount and composition of IV fluids to be administered and the best rate at which to give can be a difficult task, and decisions must be based on careful assessment of the patient's individual needs.

In December 2013 the National Institute for Health and Care Excellence (NICE) published the Clinical Guideline (CG 174) Intravenous (IV) Fluid Therapy in Adults (aged 16 years and older) in Hospital. The guidance detailed recommendations about general principles for managing intravenous (IV) fluid therapy in adults in hospital. In February 2014, the DoH reviewed the NICE guidance and made a number of caveats relating to Solution 18 to ensure its applicability before formally endorsing it for implementation in Northern Ireland on 22 July 2014.

The DoH subsequently requested RQIA to review implementation of CG 174, to include a focus on the governance and oversight arrangements and ongoing assurance mechanisms in place across the Health and Social Care system. This review commenced in December 2017 and concluded in May 2018. The report was published on 25 September 2020 and a number of recommendations have been made.

In response to this RQIA report a SHSCT MDT working group was established to collectively review each of the 9 recommendations outlined within the report and the inaugural meeting was held on 16 March 2021. This work is led by Dr Damian Gormley, SHSCT Deputy Medical Director.

The forum is accountable to the Trust's Governance Committee and it has been agreed that a progress report will be sent to the Committee on a quarterly basis. This has been outlined within the terms of reference.

A project communication strategy and clear implementation plan / assurance framework has been established with a view of achieving the following objectives:

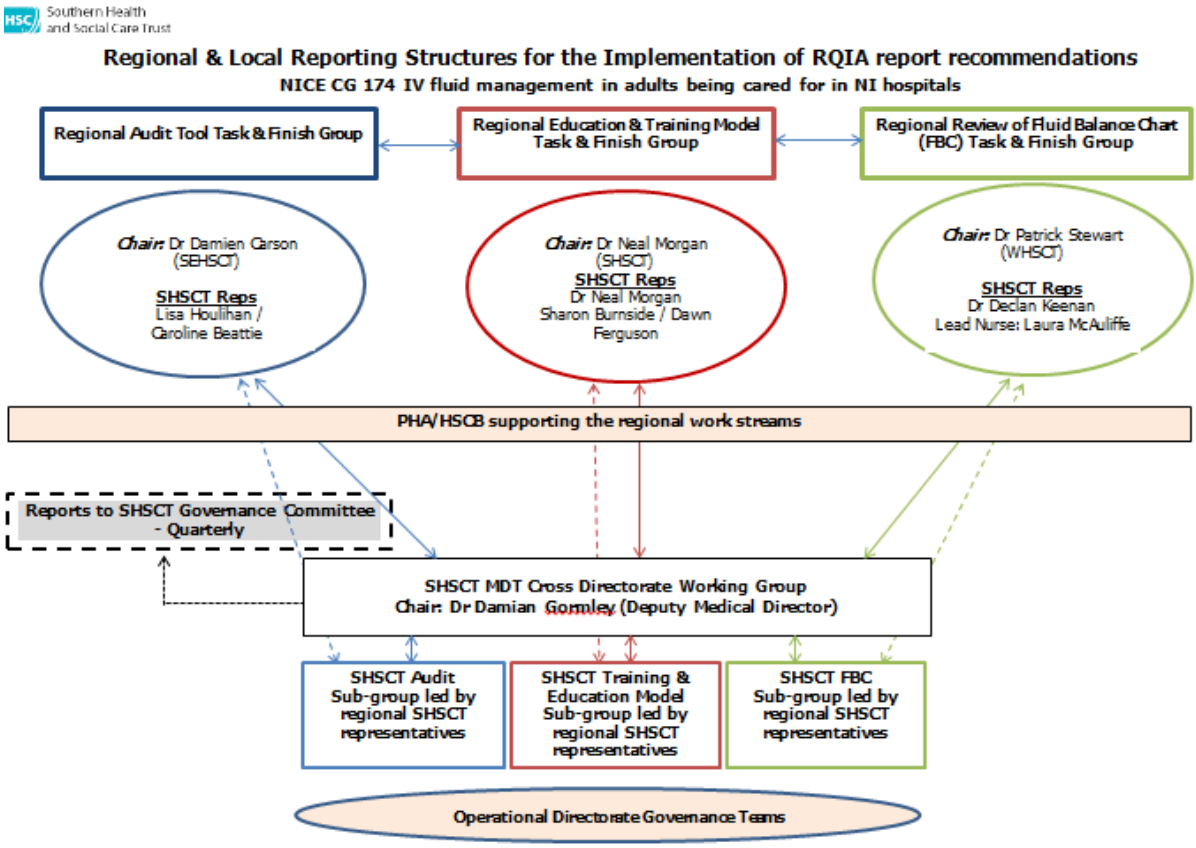
To provide an '*expertise'* in which to inform the regional implementation plan led by the Board and Department and thereby shape the decision-making and outcomes going forward.

To ensure the recommendations are being met within the stipulated timescales for completion. If there is a deviance in this timetable then this needs to be reviewed, risk assessed and escalated through the agreed accountability lines

To ensure there is identification of what the key challenges so that a risk management plan can be put in place to mitigate against these.

A regional workshop is scheduled for 14 April 2021 with representatives from the PHA, HSCB and all 5 HSCTs. The proposed model is to establish 3 regional task and finish groups with two SHSCT representatives to sit on each group. In order to support these regional work streams similar local MDT groups will be established to ensure expedient sharing of information, to include review and comment relating to any resource development.

An outline of the governance structure for this project is outlined below:



This work will take time to progress so that the required outcomes outlined in the RQIA report are delivered upon. However with the regional approach that is being taken forward, coupled with the commitment from the Trust MDT working group it is anticipated that the required systems and processes will be put in place to ensure the guidance is met and patient safety and care are assured in relation to the prescribing and management of IV fluids in adults.

4.6 National Audits

Royal College of Emergency Medicine: Assessing For Cognitive Impairment in Older People National Report 2019 / 2020 (Published February 2021)

Delirium is an acute deterioration in mental functioning arising over hours or days that is triggered mainly by acute medical illness, surgery, trauma, or drugs. Delirium is present in 10-15% of older patients in the Emergency Department. Studies have shown that delirium is independently associated with an increased risk of:

- Death
- Institutionalisation
- Falls
- Increased length of hospital stay
- Medical complications

Why participate in this national audit?

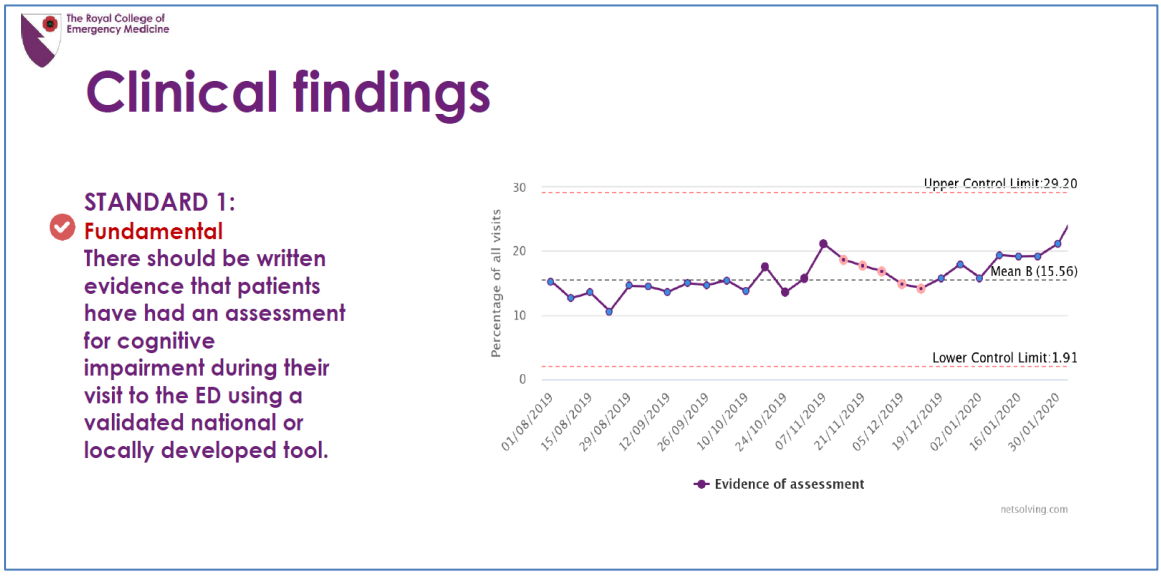
This audit provides the Trust with assurance that;

- Clinical practice is of a high standard
- Assessment and information communicated are appropriate
- To identify the current performance in EDs against clinical standards and show the results in comparison with performance nationally and in the ED's country in order to facilitate quality improvement.
- To empower and encourage EDs to run quality improvement (QI) initiatives based on the data collected and assess the impact of the QI initiative on their weekly performance data.

Three standards were used in the audit and the following images show the national findings.

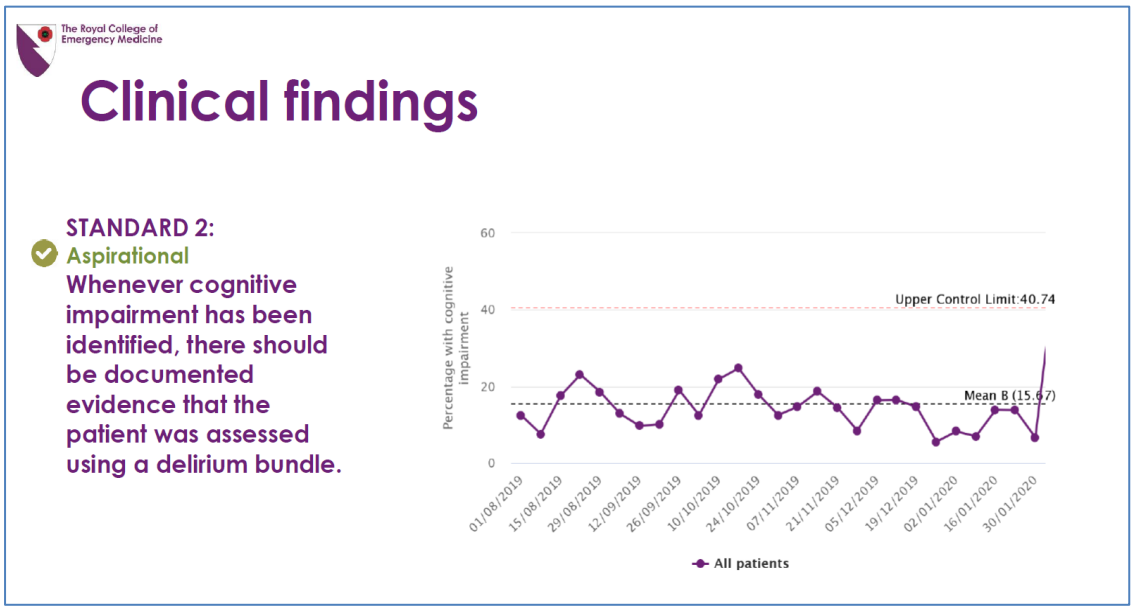
Standard 1: Fundamental

There should be written evidence that patients have had an assessment for cognitive impairment during their visit to the ED using a validated national or locally developed tool**.**



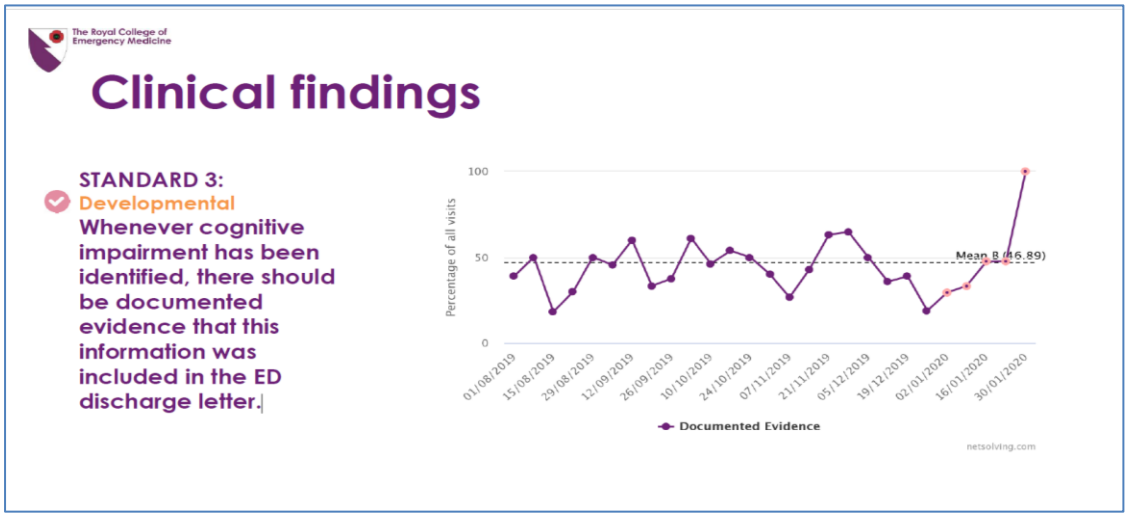
Standard 2: Aspirational

Whenever cognitive impairment has been identified, there should be documented evidence that the patient was assessed using a delirium bundle.



Standard 3: Developmental

Whenever cognitive impairment has been identified, there should be documented evidence that this information was included in the ED discharge letter.



Key Findings

Performance against the RCEM standards between August 2019 and January 2020 is summarised in the charts on the next page.

- Currently, only 16% of eligible patients had a documented assessment of cognitive impairment in the emergency department (11% in the previous RCEM audit)
- Cognitive impairment was found in around 40% of assessed patients
- The Abbreviated Mental Test (AMT) was the most commonly used assessment tool (41%) but in 30% of cases, an assessment tool was not used at all
- The 4AT Assessment test for delirium and cognitive impairment was the next commonly used tool (16%)
- 16% of patients found to have cognitive impairment were assessed using a delirium bundle
- 47% of patients with identified cognitive impairment had this information included in their ED discharge letters

Key Recommendations

- A cognitive assessment of patients ≥75years using a validated tool whilst in the ED should be routine.
- A cognitive assessment with a validated tool should be considered in those aged 65-74 presenting with a non-minor injury complaint.
- The 4AT should be used to assess for both cognitive impairment and delirium.
- There must be clear documentation of identified cognitive impairment and/or delirium to aid transfer of patient care.
- The current ‘Silver Book (2012)’ recommendations should be reviewed and updated.

What actions have we taken as a result?

This report represents not just another large scale national QIP but the delivery of a shared platform providing QI tools and real time data with which individual departments can use to progress towards achieving the national standards. This has enabled individual departments the opportunity to make in year progress towards achieving the national standards.

Pilot frailty assessment and this could be tweaked to add the 4 AT.

Royal College of Emergency Medicine: Mental Health (Self Harm) National Report 2019 / 2020 (Published March 2021)

UK Hospital Episode Statistics (HES) have shown a 133% increase in presentations over 8 years (2009/10 – 2017/18). Service provision for patients with mental health issues remains challenging. Our EDs are not easy places for patients who are suffering distress severe enough that they have self- harmed or taken an overdose. Staff have limited training in mental health and the environment is often busy and noisy.

Why participate in this national audit?

This audit provides the Trust with assurance that;

- To identify the current performance in EDs against standards and measures to ensure all patients with urgent mental health issues are as safe as possible in our Emergency Departments.
- To identify current performance in EDs against clinical standards and show the results in comparison with performance nationally and in the ED's country in order to facilitate quality improvement.
- To empower and encourage EDs to run quality improvement (QI) initiatives based on the data collected and assess the impact of the QI initiative on their weekly performance data.

Three clinical standards were used in the audit and the following show the national findings.

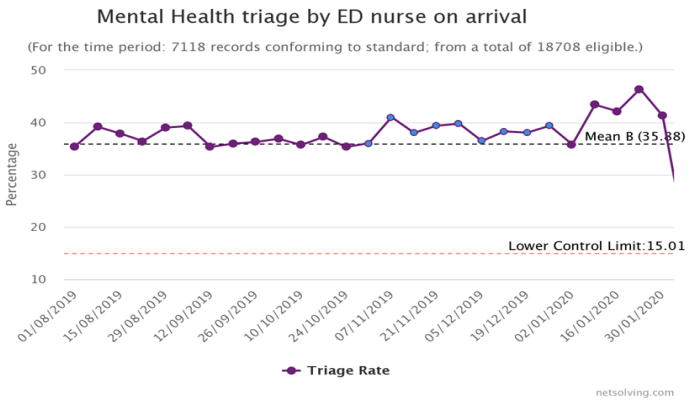
Standard 1: Fundamental

Patients should have mental health triage on arrival to briefly gauge their risk of self-harm or suicide and risk of leaving the department before assessment or treatment is complete. This is used to determine what level of observation the patient requires whilst in the ED.

The Royal College of Emergency Medicine

Clinical findings

STANDARD 1:
Patients should have mental health triage on arrival to briefly gauge their risk of self-harm or suicide and risk of leaving the department before assessment or treatment is complete. This is used to determine what level of observation the patient requires whilst in the ED



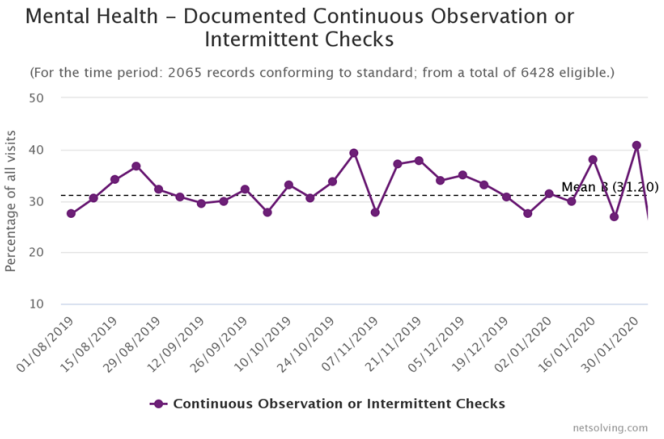
Standard 2: Developmental

Patients at medium or high risk of suicide harm or of leaving before assessment and treatment are complete should be observed closely whilst in the ED. There should be documented evidence of action to mitigate risk, such as continuous observation or intermittent checks (for example every 15 minutes), whichever is most appropriate.

The Royal College of Emergency Medicine

Clinical findings

STANDARD 2:
Patients at medium or high risk of suicide, harm or of leaving before assessment and treatment are complete should be observed closely whilst in the ED. There should be documented evidence of action to mitigate risk, such as continuous observation or intermittent checks (for example every 15 minutes), whichever is most appropriate.



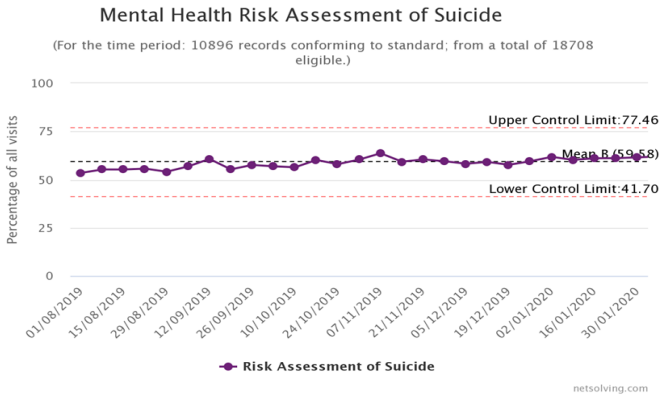
Standard 3: Developmental

When an ED clinician reviews a patient presenting with self-harm or a primary mental health problem, they should record a brief risk assessment of suicide and further self-harm.

The Royal College of Emergency Medicine

Clinical findings

STANDARD 3:
When an ED clinician reviews a patient presenting with self-harm or a primary mental health problem, they should record a brief risk assessment of suicide and further self-harm.



Key Recommendations

1. In line with RCEM standards, every ED should have a named mental health lead.
2. Every ED should have a mental health process and policy for assessing all mental health patients.
3. Every ED should have a safe area for mental health patients to be observed, which is safe and calm.
4. Review effectiveness of PDSA cycles and engage all ED staff in this process.

What actions have we taken as a result?

- Dr M Perry as named MH lead for trust
- Analyse CAH data compared to national performance (document attached)
- Re-audit using the RCEM QIP portal of data in April 2021
- Small working group created to address standards raised in revised MH toolkit specifically search policy and triage
- Continuous re-audit of MH risk assessment compliance.

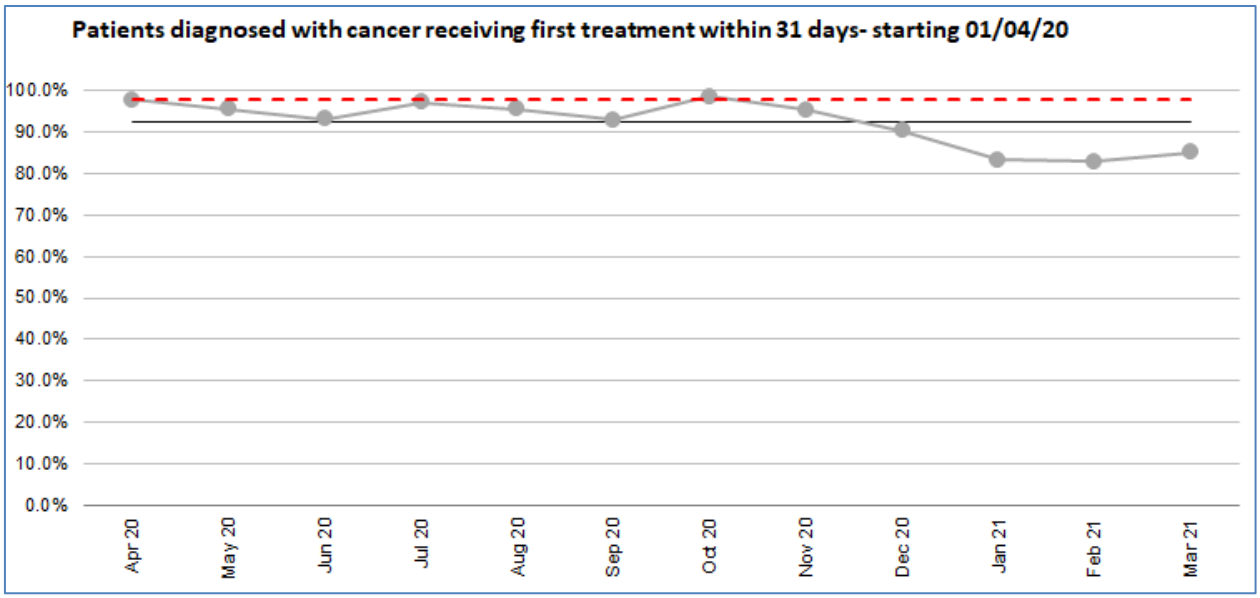
4.7 Cancer Targets

31 Day Completed Waits from Decision to Treat to Treatment Date

The percentage of patients within the 31 day standard throughout 2020/21 was 92%. The Trust failed to achieve the target of 98% and was slightly below the regional average of 93%.

Performance on the 31 day pathway for skin was impacted by reduced access to surgical capacity, leading to an increased number of patients on the pathway.

Performance against the 31 day pathway will be further impacted in 2021/22 associated with reduced capacity in line with the service re-build plans, associated with the COVID-19 management response.



62 Day Completed Waits from Referral to First Treatment Date

The percentage of patients within the 62 day standard for 2020/21 was 57.5%. The Trust did not achieve the target of 95%, however the Southern Trust was above the regional average of 53%.

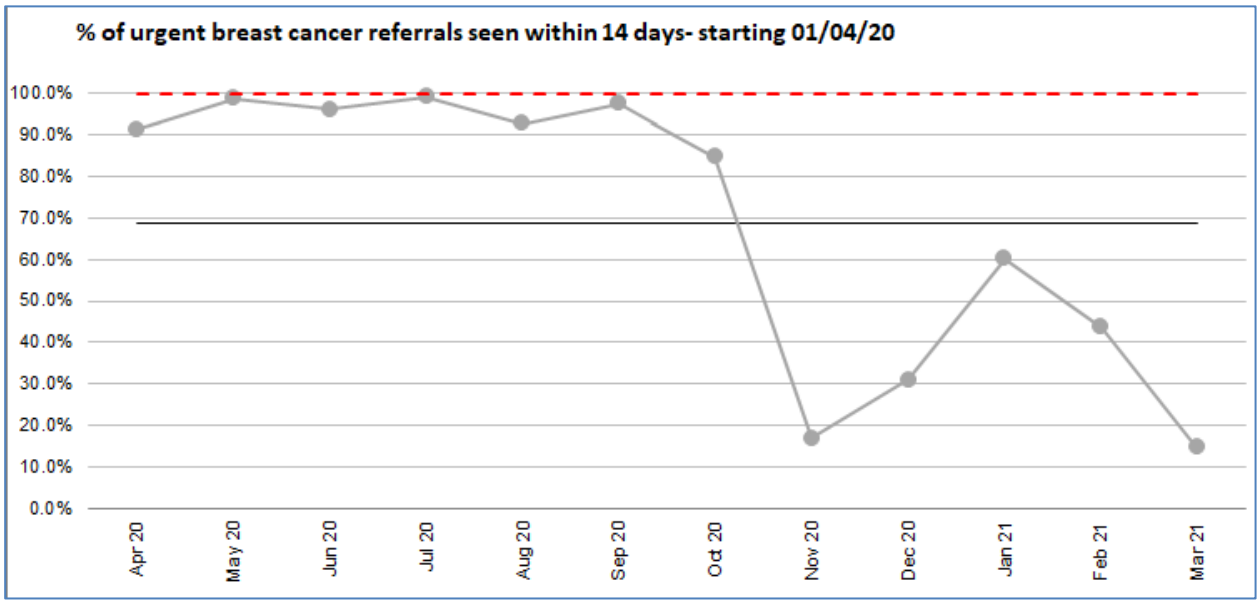
Reasons for breaches included reduced access to outpatient diagnostics and reduced surgical capacity.

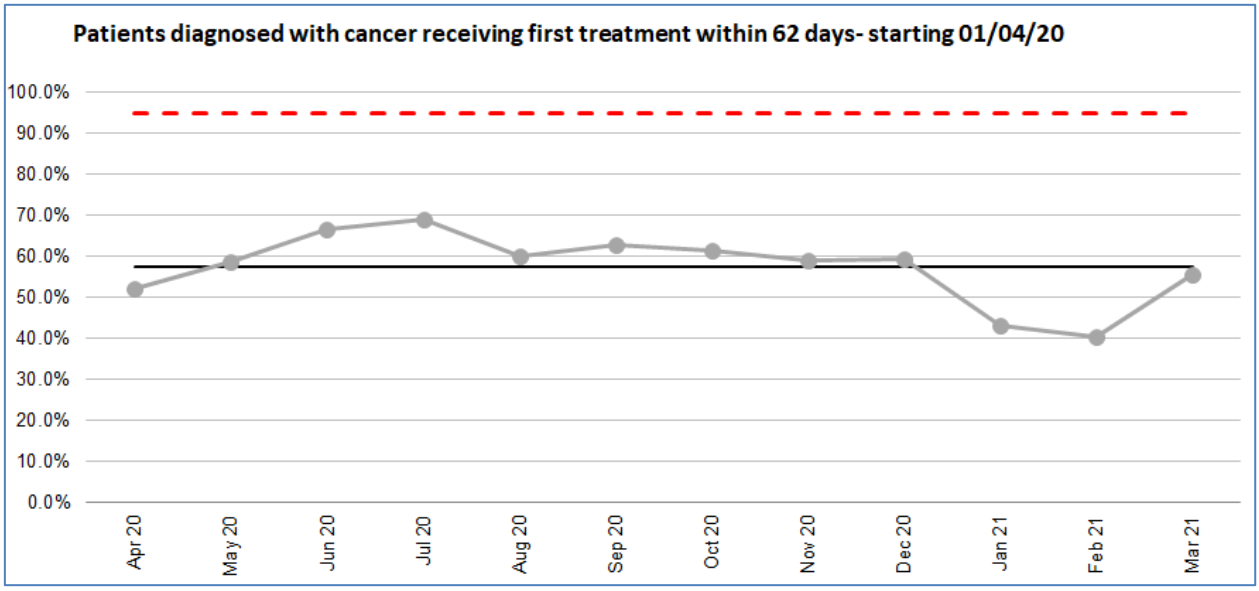
Performance against the 62 day pathway will continue to be impacted in 2021/22 by reduced capacity across the pathway in line with service re-build plans associated with COVID-19 management response. This will be both in-house and in the independent sector.

Breast Cancer – Seen within 14 Days

The percentage of patients within the 14 day standard for 2020/21 was 67.7%. The Trust failed to achieve the target of 100% and was below the regional average of 71%.

Breast clinics were maintained throughout the COVID-19 response and additionality is being sought from the independent sector. The small level of additionality that was being undertaken has now ceased.





4.8 Enhancing Social Work & Social Care Services

Parent/Carers Zoom Information sessions

Due to COVID 19 the social work and social care services had to be creative at looking at ways to continue to support parents and carers. Our monthly face to face groups had been successful and we wanted to continue to offer this support.

The service decided to pilot virtual zoom workshops and linked with parents on topics that they wanted advice and information on.

We were able to develop a range of topics including Supporting your child back to school, sleep, Autism and Mental Health, Occupational Therapy, Play, behaviour, family therapy, and understanding your child's emotions. The numbers attending these workshops have exceeded any training sessions previously offered to parents. We have had registrations up to 240 parents/carers for each session. Feedback from parents has been positive; this format has provided information and strategies to parents and allowed them to ask questions via the chat facility on Zoom.

As we got more confident at hosting and delivering via zoom we were able to widen the range of parents/carers to conclude those on waiting lists. This allowed all parents to access the sessions and also the resource's which were sent out after delivery of each session.

These workshops run during the academic year, September to June. Parents are invited each month via a PARIS facilitated text message.

Children and Young Persons User Forum

A Children and Young person's User Group has been established with some of our care experience young people with the purpose being:

- Gathering evaluation and experiences of current services
- Influencing and shaping the planning & development of future services
- Active involvement in strategic development & the shaping of corporate and organisational priorities
- Contribute to the design of Outcomes that will underpin service delivery

The forum has met regularly since commencing including a 2 day workshop exploring the young people's experiences of care the infogram below references outcomes from the day alongside video links of the young people.

SHSCT Learning Workshop Exploring Care Experiences with Children and Young People: July 2021

Working towards better outcomes

1 Young people met with the Social Work Governance team to explore their experiences of being in care. A two day workshop encouraged them to talk about their story and share how they think services can be improved.

2 https://youtu.be/qv7hcdpvil4

The workshop was to find out who the young people are and to explore their ideas of making services better for them and other young people....?

3 Key messages from the young people

https://youtu.be/ouS9Sw9g7Cg

4 The young people have decided to call the CYP User Forum **'SKETCH'**

Sharing
Known
Experiences
To
Change
Health & Social Care

5 NEXT STEPS -
Further workshops to:

- develop the logo
- Develop a LAC Pack
- Develop foster carer profile pack

Capacity building training has also been delivered with the young people in partnership with the PPI team. Work will continue to ensure engagement is supported along with their parents and carers, to help inform how we develop and implement strategy and policy relevant to them and how we design, implement resource and evaluate services with them. The forum will provide opportunities for our children and young people to offer their views, express their opinions, relate their experiences and exchange their ideas.

Further Initiatives Undertaken Include:

Social work staff made use of their CPD framework – Professional in Practice

The Professional in Practice (PIP) framework offers social workers a broad range of opportunities to ensure their knowledge and skills remain up to date, activity had 60 new enrolments this year, a total of 63 staff having achieved PIP requirements. Of this 63, 17 social workers achieved full Awards.

The switch to digital continues to provide a solid base to engage social work and social care staff in ongoing learning and development

Staff have reported positively on the experience of virtual training and are growing in confidence with this form of delivery.

Supporting newly qualified staff

A mentoring scheme continued to ensure support to newly qualified social workers for their first 6 months in post. This was effective in helping staff feel part of the organisation and to develop their skills and confidence in practice.

Supporting social work staff to deliver social work at a distance

A guide entitled 'Social Work at a Social Distance Guidance' was developed by the Social Service Workforce Development and Training team to assist social workers in their day to day practice enabling them to provide a more enhanced quality delivery to the service user. The guide was developed in collaboration with staff that were within their assessed year in practice (AYE).

Social Services Workforce Development and Training Team Training Programmes

Social Services Workforce Development and Training (SSWD&T) Team deliver two training programmes each year. The Social Services Workforce Development & Training Programme

is mainly targeted at Social Work and Social Care staff, however a number of courses are open to a wider multi-disciplinary audience. The SSWD&T Team also delivers the Multi-Disciplinary Multi-Agency Child Protection Training Programme which offers a wide range of courses across three levels in keeping with the Safeguarding Board NI Training Framework. This programme is open to multi-disciplinary and multi-agency staff who have direct contact with children and families, adult carers and parents.

A sample of areas of training provided to strengthen professional practice includes:

- Interface areas e.g. mental health and child care
- Adverse Childhood Experiences/Trauma Informed
- Signs of Safety: strengths based/safety organised approach
- Common assessment tools
- Legislation, policies and procedures common to many Directorates and disciplines e.g. Mental Capacity legislation, Restrictive Practice, Human Rights, Safeguarding, Dementia training

Overall 7,304 staff attended courses/undertook e-learning provided by Social Services Workforce Development and Training in 2020/21. This included:

- 4063 Social work & Social Care
- 1855 Nursing & Midwifery
- 145 Medical and Dental
- 550 AHP
- 537 Admin/Clerical
- 154 Support services/Service users
- 20 Education Authority
- 30 PSNI
- 330 Other including voluntary sector

From the outset of the reporting year, COVID-19 impacted the delivery of face to face training. Accepting that Adult Safeguarding training at Levels 1 and 2 is a corporate priority, the SSWD&T Team developed the e-Learning Adult and Children's Safeguarding programme further and agreed with key managers that during the pandemic this would be the mechanism by which staff would receive their mandatory Safeguarding Training.

In recognition of the impact for domiciliary care staff who do not have ready access to technology for training, and to maintain Trust and RQIA standards/targets, it was agreed that these staff could still avail of risk assessed face to face training with adherence to Infection Prevention and Control measures and safe social distancing. Face to face training was delivered to 540 Social Services staff under these restrictions.

During 2020/21, 4436 staff attended Level 2 Children and Adult Safeguarding Training (e-Learning adapted courses or face to face) as follows:

Personnel Area	Number of People
Social Work/Social Care	1242
Admin & Clerical	524
Medical & Dental	121
Nursing & Midwifery	1683
AHPs	467
Support Services /User Experience	141
External (agency staff, students, etc.)	258

Family Placement Services/Fostering

Despite the challenges of COVID foster carers and adopters have received a continued high level of support from family placement workers. They continue to be creative and flexible in ensuring the service is responsive to meet the needs of children and young people in placement.

During the COVID pandemic in 2020/21 Family Placement Service continued to recruit and approve foster carers and provide fostering placements. With lockdown in place amendments in fostering regulations, timescales for completion of Kinship assessments was increased from 16-20 weeks. A more condensed assessment pro forma was introduced regionally to ensure fostering assessments were completed in a timely manner. With the use of technology, Adoption and Fostering panels moved to an online forum using Zoom and Desktop client. Fostering approval timeframes increased since April ’20.

There has been significant activity in approval of adopters which has led to a high number of children being placed with concurrent carers. Increased activity has meant that the Trust currently hold fostering and adoption panels twice monthly. Family Placement staff have also had to be creative in recruiting foster carers and adopters and are using social media platforms to complete initial enquiries and engage in assessments. The standard of assessment has not been compromised and feedback has been very positive to date.

The fostering recruitment service has also held 2 virtual events one child specific and an event to profile fostering which was open to the general public. Feedback to date has been very positive

and we are continuing to learn how we can ensure social media is more responsive to our needs and assist with the recruitment and promotion of foster and adoptive carers which is critical in relation to the needs of our care experienced population.

There has a been an increase in applicants to become Short Breaks Carers for children with disabilities and this is as a direct result of improved collaboration between Children with Disability Services and Family Placement Service staff in respect of recruitment and promotion.

The Trust has just appointed 2 LAC Education Support Workers to progress the regional agenda of improving educational outcomes for looked after young people in the primary sector. It is anticipated that this service will work in close collaboration with foster carers, external and internal stakeholders with a focus on improving educational outcomes and support to specific children and their schools.

4.9 Functional Support Services

Domestic Services

Challenges due to the number of ward changes which required full cleans at short notification. Fewer visitors in the hospital led to less clutter in patient areas and allowed for more effective cleaning. Craigavon Area and Daisy Hill Domestic Services have robust cleaning schedules in place to ensure a high standard to cleanliness and during the pandemic enhanced cleaning was in place which meant the frequency of cleaning of touch points and sanitary areas was increased and a terminal clean or deep clean was undertaken when patients were discharged and outbreak wards were fully terminally cleaned once all the patients were discharged. At every patient discharge the bed space received a terminal clean therefore the number of terminal cleans increased significantly and additional checks were introduced on cleaning. Domestic Services experienced a high increase in the demand for services and they had to overcome significant Hospitals are older hospitals with bays and polythene screens were introduced to divide patient bed spaces in the bays for infection control.

Support Services provided a lot of support to Community facilities during the Pandemic. They provided information, advice and training on cleaning practices and cleaning products / equipment. They also provided some support to independent care homes in the Trust.

Portering Services

During COVID the process for the collection and delivery of items such as post and bloods to the wards changed. All items were dropped off/collected from the ward/department entrance at the one time rather than the Porters entering the ward, which minimised the risk of infection. This change in process also saved time completing portering tasks. The need for Porters to change PPE for working different zones caused delays in the movement of patients.

Chaplains

During COVID the Chaplaincy Service was unable to carry out routine visits across the wards and in the early stages of the pandemic they were unable to provide end-of-life / emergency chaplaincy cover in person. The Catholic Church introduced different ways of working on a temporary basis. Tele support was available to provide spiritual and pastoral support for all patients, family and staff within the Southern Trust Hospitals and the Chaplains could be contacted via Switchboard at the relevant hospital. Chaplaincy resources were left on the wards and the patients could ask the staff for them. The NI Healthcare Chaplains' Association had set up a designated website offering resources and patients were encouraged to access online resources. There were also pray resources available for staff on SharePoint. A weekly Mass for the Sick is now recorded from Daisy Hill Hospital Chapel and can be viewed on the Parish of Middle Killeavy YouTube page. The Quiet Room at Craigavon Area Hospital and Daisy Hill Hospital Chapel were closed in the early stages of the pandemic but they have now reopened.

Improvement Initiatives

Access Control Systems at Craigavon Area Hospital and Daisy Hill Hospital

Access permission levels have been reviewed and the wards and departments at Daisy Hill and Craigavon Area Hospitals have been grouped in order to standardise access control levels for staff in each group across both sites, and the process of re-programming access cards.

CCTV Systems at Craigavon Area Hospital and Daisy Hill Hospital

There was new cabling laid at both Daisy Hill and Craigavon Area Hospitals in preparation for the replacement of the remaining analogue cameras to IP cameras which will provide more effective CCTV coverage to ensure our sites are as safe as possible.

Food Allergens

Allergen coding is now included on the patient meal menus which improves patient safety. Food allergen labelling is important to reduce risk of exposure and prevent anaphylaxis for individuals with food allergies.

Chip & Pin

Chip and Pin facilities were introduced in the Dining Rooms and Coffee Bars in July 2020. The introduction of Chip and Pin has reduced cash handling/counting on Trust premises and it is convenient for customers.

Safety, Quality & Experience South

HSC Southern Health and Social Care Trust

Quality Care - for you, with you

Theme 5

Integrating the Care

5.1 Community Care

Enhanced Care Out of Hours

The Out of Hours Urgent Care Service has remained operational for patients throughout the pandemic. The service adapted by introducing enhanced home working capabilities where possible. Clinicians now undertake telephone triage assessments both from base and remotely from home as do Call Handlers who deal with initial incoming calls to the service. A mix of staff rostering both on and off site has supported a high degree of social distancing within our teams. Over the past year home working facilitated staff who had been isolating or shielding to continue to work. Virtual meetings have also provided ways to keep staff up to date and support feedback and mentoring. Moving forward virtual ways of working will continue to be evaluated and adapted to be best meet team and service requirements.

Contraception Service

During Surge 1 and 2 of COVID, access to some contraceptive methods was restricted. Patients with long acting reversible contraceptive methods required a bridging method until they were able to access face to face services again. Patients who use oral contraceptives as their preferred method of contraception also required repeat prescriptions. Prior to COVID access to oral contraceptives was via a face to face appointment at the clinic. Agreement was made with the head pharmacist that oral contraceptives could be posted to patients during COVID. Following guidelines from the Faculty of Sexual and Reproductive health care, standard operating procedures were put in place to reduce risks associated with this new process.

Verbal feedback from patients regarding this new process was extremely positive. It also became apparent when COVID restrictions began to lift, the new process remained positive with patients, many commenting how it meant they could access oral contraceptives without having to take time off work. With positive feedback from patients and the reduced time required for patient assessment via phone and subsequent posting, the Contraception Team were keen to imbed this new process into their ongoing model of service delivery.

Standard operating procedures relating to the process were amended and the patient group directives were also amended and approved by pharmacy, to allow nursing staff to post out oral contraceptives. To date the process is proving very effective.

Palliative Care

As part of the COVID-19 Response, the Specialist Palliative Care Team utilised a number of strategies and initiatives to help support the trust's response and access to care for all service users at the same time as providing support to staff. To achieve this, a large element of flexibility, openness and strength of mind was required and shown in abundance.

Facts and Figures

Work completed as part of the COVID-19 response includes and is not limited to:

- Extended hours within the service, including moving to a 7 day model for a period of time. This increased timely access to support for clients and supported colleagues in out of hours services in obtaining the specialist skills and knowledge from the Community Specialist Palliative care Team.
- Numerous members of the team completed the qualification in 'verification of life extinct' which not only took pressure off other professionals having to go and complete the verification at a time where they may have had other pressures but also increased the timely aspect of this being completed for service users, families and carers.
- The redeployment of certain professional groups to support other teams and service users when required ensuring all teams had the best possible skill mix to meet the demands that were being placed on them at this difficult time

Community Respiratory Team

Within Specialist Primary Care Services we now have a number of Specialist Nurses & Physiotherapists who have achieved their Independent Non-Medical Prescribing qualification

We are delighted to announce Heidi Heasley, Audrey Johnston and Nicola Armstrong from the community respiratory team who have all completed the NMP qualification in the last year.



The benefits to Non-Medical Prescribing can be described as allowing autonomy which benefits both the service and the patient by allowing better access to medicines which

enhances patient care. The patients experiences less delay in receiving their medications which can result in a reduction in the number of appointments, a faster recovery and a reduced risk of being admitted to hospital. It enables staff to make more effective use of their knowledge and skills and improves continuity of care.

New Models of Prescribing:

In November 2020 a new models of prescribing (NMOP) pilot was commenced in the Southern Trust to trial the full implementation of non-medical prescribing by Physiotherapists at interface areas within community care and outpatient clinics. Within SHSCT the specialist clinical areas involved were Musculoskeletal, Lymphedema and Respiratory.

Within SPCS the Community respiratory Physiotherapists have taken part in this NMOP pilot, including the newly qualified above and Anne Marie Campbell who qualified previously. This pilot has already seen fantastic results for the Patient, the NMP's and the organisation. The results will be shared in due course as this was part of a PHA lead initiative.

Advanced Nurse Practitioner for Community Respiratory Team:

Another fantastic initiative has been the introduction of the Advanced Nurse Practitioner role into the Community respiratory team. Judith McGeown is our current ANP trainee, pictured.

The Team are opening this up into other SPCS areas including the Heart Failure Team in the coming year.

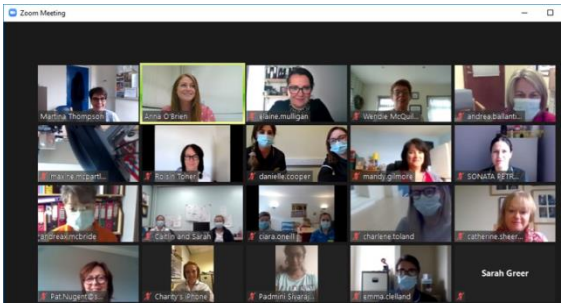
Heart Failure Team

The Heart failure team has worked very hard to maintain a robust HF service across the Trust, despite the challenges of the pandemic. They are a trust wide team providing in reach work to acute hospital sites, the rapid access clinic and working across clinics and home visits in the community setting.

The team have reshaped the service in the past year to provide a single point of access for service users and we have maximized every opportunity to improve the journey for the Heart Failure patient. They continue to work closely with our Heart Failure Consultants to continue to evaluate our service and optimize it.

The team are working towards introducing Quality of Life and frailty measures into Heart Failure assessments, and are in the process of developing a Service user group. The team are delighted to introduce the advanced Nurse Practitioner trainee role into the team in the coming year.

New Staff Meetings



The Enhanced Services Division, has continued with her initiative of 'new staff meetings', now delivered successfully on zoom. These meetings introduce new staff to the Enhanced Services Directorate to our vision and values for care, Roisin said: "*this session is an opportunity to meet with other new staff members, understand our organisational structure, roles and interfaces as well as sharing learning."*

Staff Awards: ORTHO ICATS

Suzanne Johnston received the Valerie Morrison Memorial Award for her performance on the PGCert in Education for Healthcare Professionals Course, University of Ulster Jordanstown. This award is given to the student who demonstrated excellence in all areas of the course .The awarding student was selected from those who were; In receipt of a distinction at the Board of Examiners, Demonstrated active engagement across the whole course, Demonstrated Leadership throughout the course.

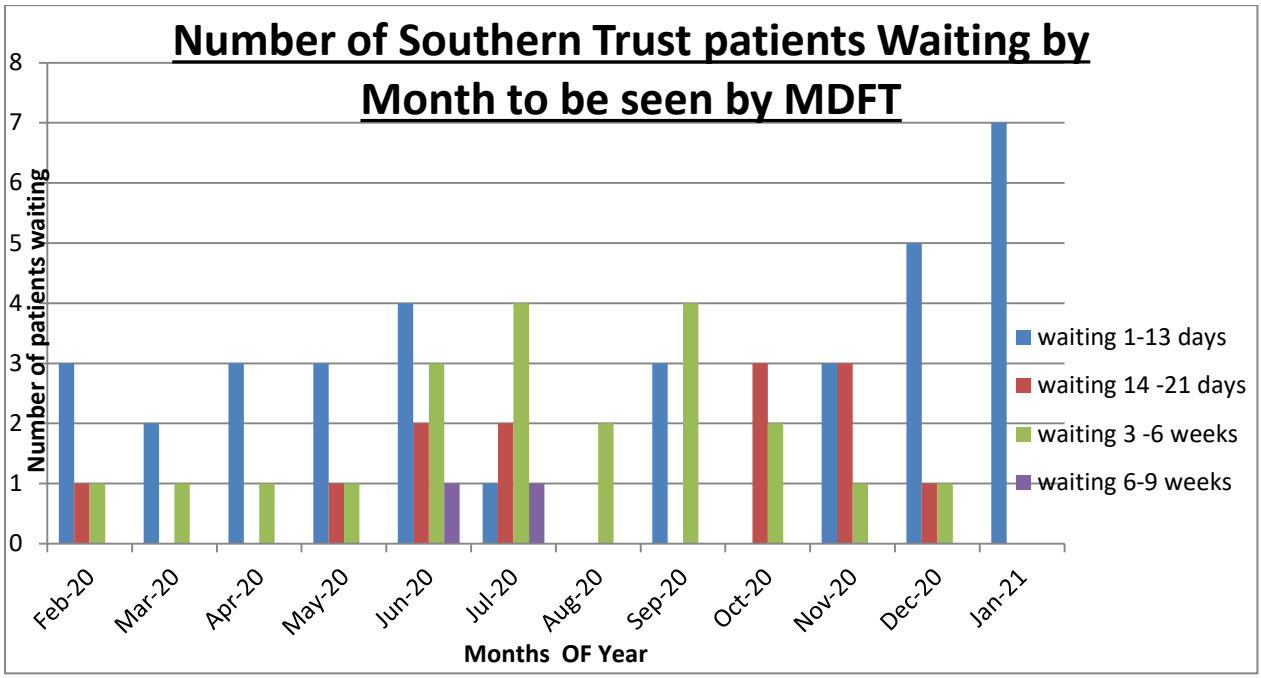
Development of New Paediatric Blended Diet Policy

Naso-gastric and gastrostomy feeds are used in a wide range of children (e.g. in developmentally delayed children, in patients with cystic fibrosis, or in patients with neuro-muscular disabilities). In the United Kingdom (UK), the use of prescribed, sterile ready to hang feeds is the gold standard treatment for patients requiring enteral nutrition. In recent years there has been a move towards giving blended family foods and one they can be involved with providing. Shared experiences via support groups and social media have raised the profile of this method of feeding, leading to increased numbers of requests to commence it. The Trust's Paediatric Nutrition & Dietetic Service developed a policy and guidelines for the safe administration of blended diet. They consulted a wide range of professionals (Community Children's Nurses, Paediatricians, Infection prevention & control nurse and regional dietetic colleagues) and parents in the development of the policy and guidelines. Children are now able to receive blended diet while in respite, school and under the care of Trust staff. This has led to better continuity of care and support for parent choice. There are currently 10 children using this method of feeding in the Trust and other Trusts in the region are considering adopting it that has been driven by patient/parent choice and the desire for the parents to choose a more natural type of food

The Regional Diabetes Foot Care Pathway

The regional Diabetes Foot Care Pathway for Northern Ireland was launched in November 2019 with an aim was to offer an improved foot service for adults living with diabetes, in order to reduce amputations and limb or life threatening complications. The Enhanced Diabetes Podiatry Team work across the community clinics and in-reach in to Craigavon Area Hospital and Daisy Hill Hospital.

In spite of the COVID-19 pandemic the Enhanced Diabetes Podiatry team have been referring steadily to the multidisciplinary Diabetes Foot team over the last year and 70 patients were referred between the period February 2020 and January 2021.



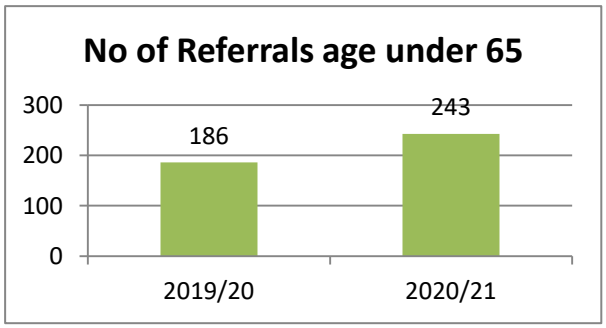
The foot pathway has facilitated a timely referral to the multidisciplinary diabetes foot team in the Royal Victoria Hospital for patients presenting with diabetic foot complications and is an invaluable service to the community diabetes podiatry team.

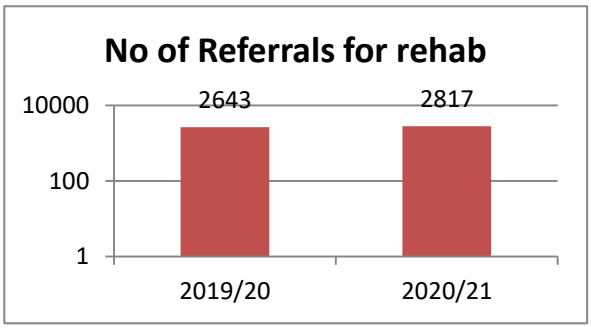
Intermediate Care Service

Intermediate Care was operational through COVID to help ensure timely discharge from hospital and prevent unnecessary admissions.

COVID 19 and the impact it has on clients of all ages has meant that services such as Intermediate Care become vital to allow these people to avail of rehab and the chance to regain functional ability. Almost 500 patients have been through the scheme that have tested positive for COVID 19- approx. 15% of the overall caseload. A number of these patients get referred for rehab more than once as part of our learning with long COVID syndrome.

The team have done a fantastic job supporting these and all our patients. Despite a rise in referral numbers and staffing issues/ shortages, the team continued to assess patients in 0.8 days on average and a noticeable increase in referrals for <65 year olds for rehab.

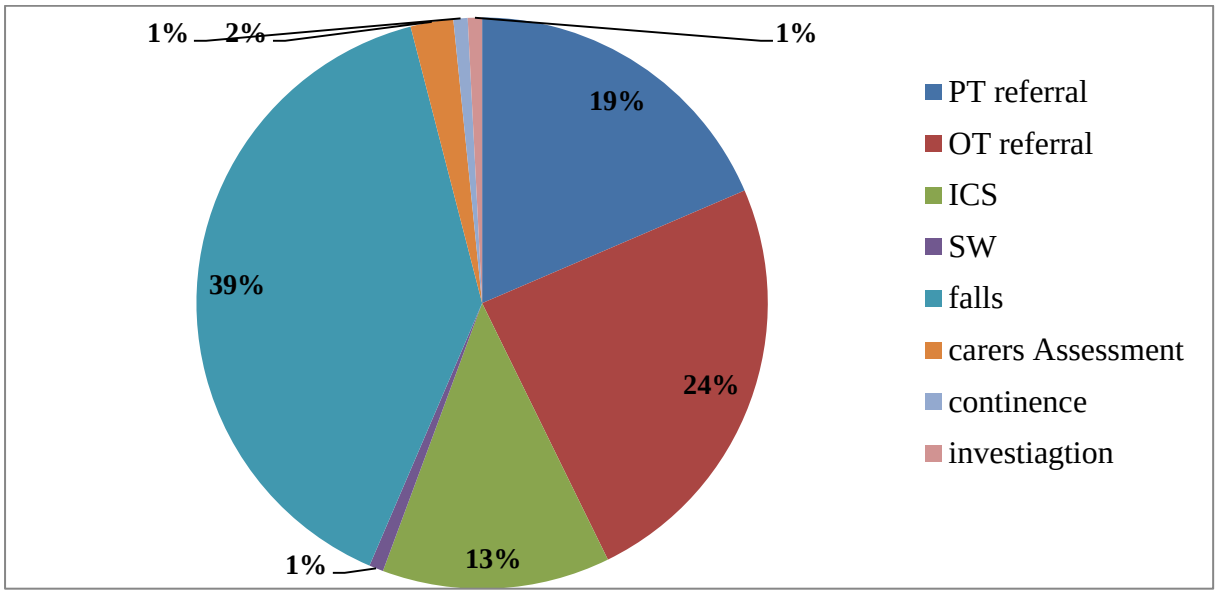


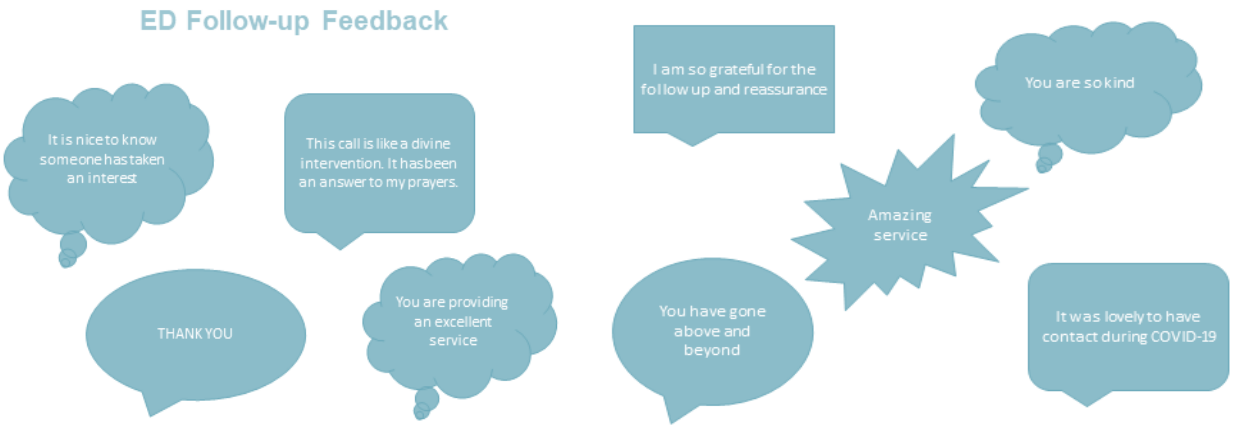


The increased focus on frailty and impacts of isolation/ anxiety/ loneliness and reduced social outlet are predicted to have big impact on this client group which will be felt for years to come- ICS are ideally skilled to assist with the management of same.

There were a number of staff however that were shielding or unable to take part in face to face visits who were very keen to help provide a service in any way possible.

These staff agreed to provide a follow up service for all patients over the age of 65 that attended ED, were not admitted and not actively open to another service. *ED follow ups* was a new temporary service provided during COVID-19 with no extra resources which supported unscheduled care and focused on frailty. Patients found this service very positive.





Learning and moving forward for the ICS Team includes:

New ways of working- including shielding/ isolating staff- virtual reviews, telephone contacts- but the importance of providing rehab as when identified continues, reliance on IT and increased need for devices, renewed focus on frailty and prevention of deterioration, support & connection is very important to users and reduction of isolation- use of community / voluntary services.

Facts and Figures

Community Care statistics: Discharge to Assess (home based only as per Regional definition) 2019-2020 = 519 compared to 2020-2021 = 921. This demonstrates an increase of 77.5%

Non Acute Hospitals (NAH)

Non Acute Hospitals have understood the increased vulnerability of our patient population to COVID 19, the importance of a collective approach to patient safety and the integral role each person plays in this approach during the pandemic. The team have learned the importance of succinct communication due to the speed at which the guidance changed and the ongoing requirement to keep staff informed of these changes. NAH Staff implemented emergency processes to fulfil this requirement and the requirement to safely staff their hospital wards. The team learned about the resilience of staff and their ability to put their patients before their own and their family's needs in order to keep the wards safely staffed. NAH were the first in the Trust to introduce virtual communication with relatives using our ward IPad and were the first to introduce virtual rehabilitation sessions to allow families to experience their loved ones progress in Physiotherapy, Occupational Therapy and Speech and Language Therapy. NAH introduced virtual family meetings to give families an opportunity to discuss their loved ones progress and to prepare for discharge to the community service teams.

Community Stroke Teams (CST) introduced additional COVID related screening tools to assess risk prior to clinics home visits and Nursing Homes to ensure the safety of staff and patients within patients own homes. CST adapted some aspects of the rehabilitation input into virtual programmes of rehabilitation completed by the therapists from their base into the patient's own homes. Additionally, there were an increased numbers of patients and families supported through self-management programmes via telephone links. CST reviewed their patient information packs to include additional COVID advice for patients and staff.

Acute Care at Home

COVID

The Acute Care at Home Team (AC@HT) is a consultant-led multi-disciplinary team providing acute care to older people in their place of residence. This can avoid a hospital admission or support an early discharge from hospital. In response to the COVID-19 pandemic the team made a number of changes to enhance team working and increase capacity to accept weekend referrals. This involved redeployment of staff, team reconfiguration and changes to referral criteria. This enabled a single point of contact for all community based teams and General Practitioners (GPs) to refer directly without physically seeing the patient.

Ambition

- Older patients are assessed in their place of residence whether that is their own home, residential or nursing home.
- The team accept referrals and work closely with our community colleagues including GPs, Northern Ireland Ambulance Service (NIAS), community respiratory team and community heart failure team.
- They provide a triage service with a senior doctor and if accepted we have a response target of two hours from referral to assessment.
- All patients receive Comprehensive Geriatric Assessment based on the Silver book guidelines.
- Assessment includes work-up with clinical observations, basic investigations like ECG, bloods and COVID swab. Patients have access to rapid radiology diagnostics.
- A management plan is made and treatment initiated which can include intravenous fluid boluses, subcutaneous fluids, oral and/or intravenous antibiotics, intravenous furosemide, oxygen, medication reconciliation and anticipatory medications.
- Management plans are discussed at daily multidisciplinary meetings and updated.
- The team consists of doctors, nurses, pharmacists, physiotherapists, occupational therapists, speech and language therapists, dieticians, health care support and administration staff.
- To prepare for the pandemic the team made a number of changes:
- PPE was sourced and training provided. Staff were redeployed from other areas,
- Teams were reconfigured within community including heart failure, respiratory and the care home support team. Clinics were stood down. Medical Student Technicians were recruited and assisted with virtual monitoring in nursing homes. Capacity was increased to accept new patient referrals at weekends. There was increased blurring of roles between staff to reduce footfall and we instated a Single point of contact for GPs and all community services.
- Referral criteria changed. GPs and community teams could refer after a telephone triage with the patient; they were not required to see the patient first as was the case pre-COVID.
- Staff willingly deferred planned leave.

From the outset of the pandemic the Acute Care at Home Team was seen to have a crucial role in managing patients in the community while protecting hospital resources. There were daily meetings with the Medical Director of the Trust for updates on activity and capacity to take referrals.

All assessments and case-notes are logged on an electronic information management system called Paris. The team were then able to audit all admissions, interventions and outcomes to measure success in managing patients in the community.

The team has played an active role in the UK Hospital at Home Society and the World Hospital at Home Congress so they are informed about what other community based teams are offering in their localities.

Outcomes

Over the pandemic the Acute care at Home Team treated 290 patients with COVID and clinical COVID. The average *Clinical Frailty Score* was 7 showing that the team managed severely frail patients who were not for escalation to intensive care. They then were able to actively treat these patients with oxygen, steroids, antibiotics, fluids, analgesia and anticipatory medications in their own homes. This maintained family and carer bubbles and reduced the risk of delirium being managed in their own environment.

The team already had good integration of services within the community heart failure and respiratory teams, NIAS and GPs. The changes made to the referral system helped build these relationships with more telephone consults and discussions around patient care.

The Care Home support team was integrated at this time. The Acute Car at Home Team were the only team in the community given full access to care homes across the Southern Trust. The team set up virtual monitoring of all COVID positive patients in care homes which identified sick and deteriorating patients and continued to provide acute care to patients and support for care home staff. This was extremely important as fear and anxiety were high especially at the beginning and during outbreaks.

Benefits include blurring of roles between medical, nursing and multidisciplinary members to reduce footfall into homes and increase capacity. This gave staff learning opportunities and expanded roles with enhanced responsibility.

Spread

The team have presented their COVID-19 data from the first surge nationally to a number of groups virtually within the UK. These include the Northern Ireland GP Forum, the Northern Ireland British Geriatric Society and the UK Hospital at Home Society.

The Southern Trust is the only Trust in Northern Ireland able to offer an Acute Care at Home service Trust-wide. Internationally the team has been involved in the World Hospital at Home

Congress with both e-posters and a virtual platform presentation. This has allowed the team to share information with colleagues in other Trusts in Northern Ireland and to other teams on the mainland. This has led on to further communication by phone or email to share protocols so that other teams can replicate our systems.

Team manager Yvonne Murphy and Head of Service Catherine Sheeran have also shared the team's results during presentations to other Trusts throughout Northern Ireland at management level. This has been driven by our Medical Director and Chief Executive. The team has always had buy-in from management that 'Acute Care at Home' would be seen as part of the solution to managing this pandemic from the outset. Our Chief Executive updated Robin Swann, Minister of Health with the team's "very significant" involvement in the Community Rapid Response Team to answer the Northern Ireland Assembly Inquiry Report on the impact of COVID-19 on Care Homes.

Communication was vital. The team sent letters informing GPs and Care Homes of the changes being made to the referral process. Managers set up zoom calls and made telephone calls to the relevant team leads and GP practices and an advice line was set-up for Care Homes to make contact with the team.

Value

Patients were managed actively in their own home environments maintaining family support bubbles alongside carers and reducing the risk of delirium.

There was fear and anxiety about hospital admission with no access to visiting unless at end-of-life. The team made sensible escalation and advanced care planning with patients and families.

Many patients had not seen another health professional face-to-face. The Acute Care at Home Team "stepped-up" assessing patients in Amber PPE from the beginning.

No care is closer than managing a patient in their own home.

Involvement

The patient and family are central to decision making involving treatment, medication reconciliation and advanced care planning. This face-to-face communication on a daily basis was invaluable. Patient safety includes:

- Compliments and complaints
- Antibiotic stewardship.
- Governance framework: quality improvement, education, training.
- Incident recordings (Datix).
- Significant adverse incident reviews.
- Community Deaths Certificates completed on Electronic Care Record (NIECR) and if necessary presented at the monthly Hospital Medical Mortality and Morbidity meeting.

The pandemic has strengthened interfaces with community heart failure and respiratory teams, NIAS and GPs. The Care Home support team was added.

Virtual monitoring as a response to the COVID 19 pandemic:

Our Acute Care @ Home Team (AC@HT) has been treating patients with COVID throughout the pandemic. It became obvious that care homes needed support in the care of their COVID positive patients and the reality that patients could deteriorate rapidly in the second week of their illness. We decided that virtual monitoring of these patients was important to identify the deteriorating patient and escalate their care either to the General Practitioner (GP) or into the AC@HT.

Chief Executive, Shane Devlin presented a report to Robin Swann, Minister of Health and the Northern Ireland Assembly in regards to the Inquiry Report on the Impact of COVID-19 in Care Homes.

From the outset of Surge One, the Southern Trust quickly established a Community Rapid Response Team. This approach was a partnership between a number of existing Community based Teams within the Older People and Primary Care (OPPC) including the:

- AC@HT
- Care Home Support Team (CHST)
- Specialist Palliative Care Team
- Heart Failure Team
- Community Respiratory Team
- District Nursing Teams

To answer the question on symptom control the Trust ensured that all residents within Residential and Nursing Care Homes who were COVID-19 positive and either asymptomatic or mildly symptomatic were monitored. Our team was responsible for centralised monitoring and clinical oversight of these residents. Staffs in the care homes were trained in carrying-out and reporting observations. In a number of residential homes, in the absence of nursing staff, District Nurses supplemented the monitoring process.

The impacts of changes in symptoms were managed in two ways:

- Firstly, observations relating to individuals were monitored at a daily virtual ward round between the AC@HT and the Community Rapid Response Team. This allowed clinical oversight, decision making and actions to be agreed as appropriate and implemented.
- Secondly, at the Care Home Information Support Hub, a summary of the clinical information was analysed against the information coming from the data from the RQIA Care Home self-reporting app and the insights of the Care Home Support Team. This allowed the Trust to review the status of each care home, taking into consideration the level of COVID positive residents and/or staff in any home, as well as any concerns in respect of PPE, staffing cover, cleaning and IPC concerns.

From the app all COVID positive patients were identified to the virtual monitoring team.

Outcome

Our demographics show that our COVID patients had an average Clinical Frailty Score of seven in keeping with severe frailty. The majority of patients were not for escalation to intensive care units given their functional ability and/or cognitive ability. We felt it was important to manage these patients actively in their place of residence and to reduce pressure on the acute hospital and their resources.

By setting up this virtual monitoring we were able to monitor and then intervene when patients deteriorated using the Restore 2 Tool which included the National Early Warning Score (NEWS).

The hub would contact care homes on a daily basis to enquire about all COVID positive patients and their NEWS scores on days 1, 4, 7, 10 and 14. Also this was an opportunity for care home staff to raise and discuss any other concerns.

We recruited medical student technicians into the community rapid response hub. They would complete NEWS charts as evidence of the discussion. The medical student technicians would then discuss the patients daily with an AC@HT doctor and decisions made about escalation if needed. Medical case notes were made on our electronic management system Paris.

Having the medical student technicians was invaluable and we feel moving forward they have experienced working in Community Geriatrics which they we carry into the Postgraduate training.

Escalation would either be to the patients' GP or if an acute deterioration referred directly to the AC@HT.

In AC@H we could then give active treatment with oxygen, intravenous antibiotics, intravenous or subcutaneous fluids, analgesia and anticipatory medications.

Facts and Figures

- Overall from May 2020 to January 2021 the team monitored 433 COVID positive care home patients within the Trust.
- 61 patients were escalated to AC@HT.
- 12 patients were admitted to the acute hospital, an admission rate of 2.8% which is so important in regards to pressure and resources on our Acute Hospital.
- 33 patients died a mortality rate of 7.6% which is extremely low in comparison to care home deaths in other parts of the UK.

Spread

We ran a number of ECHO (Extension for Community Healthcare Outcomes) sessions between GPs and Care Home staff to explain our role in virtual monitoring and updates throughout the pandemic. With this success our Head of Service Catherine Sheeran has just presented this data at the World Hospital at Home Congress with a virtual platform presentation.

Shane Devlin, Chief Executive in his report to the Northern Ireland Assembly stated about our "very significant" input into the Community Rapid Response Team. Robin Swann our Minister of Health has stated repeatedly his support for Acute Care at Home. The Health Committee is recommending that the Enhanced Clinical Care Framework should embed the principles of the Acute Care at Home programme within care homes with GP participation.

Looking at mortality rates within the UK "Northern Ireland had both the lowest share of care homes infected and the lowest level of excess deaths in care homes" (International Long Term Care Policy Network, COVID-19 mortality and long-term care: a UK comparison 29/8/2020).

Value

As patients were being monitored frequently deteriorations were managed quickly and if non-severe the patient could be managed with oral treatments via their GP. If severe the patients were referred to the AC@HT for oxygen and intravenous medications.

Patients were actively managed as much as possible in their place of residence to reduce hospital admissions and resources on the acute site. Our admission rate is 2.8%, further demonstrating the value generated in reducing the demand on our acute hospital sites, which has been particularly important in recent times.

Involvement

This initiative with the Community Rapid Response Team included staff from the:

- Care Home Support Team
- District Nursing Services
- Specialist Palliative Care Team
- Heart Failure Team
- Community Respiratory Team
- Community Physiotherapy
- our Head of Service in OPPC Catherine Sheeran
- our manager in Acute Care @ Home Yvonne Murphy
- our Clinical lead, Consultant Geriatrician Dr Patricia McCaffrey
- our doctors, nurses, AHPs, health care support and clerical staff in AC@H
- medical technicians

- GPs
- care home managers and care home nursing staff

We were able to work together as a team to ensure the safe monitoring of care home patients with COVID. Patients and their families were central to this. We created a culture were care home nursing staff could update staff and any concerns about residents were raised. Medical technicians could approach the AC@H doctor and discuss observations and symptoms of patients. Feedback to care home staff was given via telephone and if necessary face-to-face consultations were made by AC@HT staff.

Integrated Care Teams

The main learning for Integrated Care Teams (ICTs) following the COVID-19 pandemic has been the essential need to prioritise and remain flexible. When the COVID 19 pandemic presented itself, ICTs like all services were faced with the task of making decisions around what aspects of our service we could "stand down" temporarily and it became evident very early on that the service ICTs provide involves essential daily interventions that could not be put on hold. The teams have had to be creative and flexible in order to continue to provide the daily essential clinical and social interventions whilst adapting to the increased pressures we faced as a result of COVID including: -

- Reduced staffing,
- Increased demands such as COVID vaccinations,
- Urgent home visits to do all we could to ensure clients remained in their own home where possible
- Adapting to environmental changes in the offices
- Utilising PPE to keep ourselves, colleagues, service users and families safe.

How our service has risen to the COVID19 challenges and how we are moving forward:-

Environmental

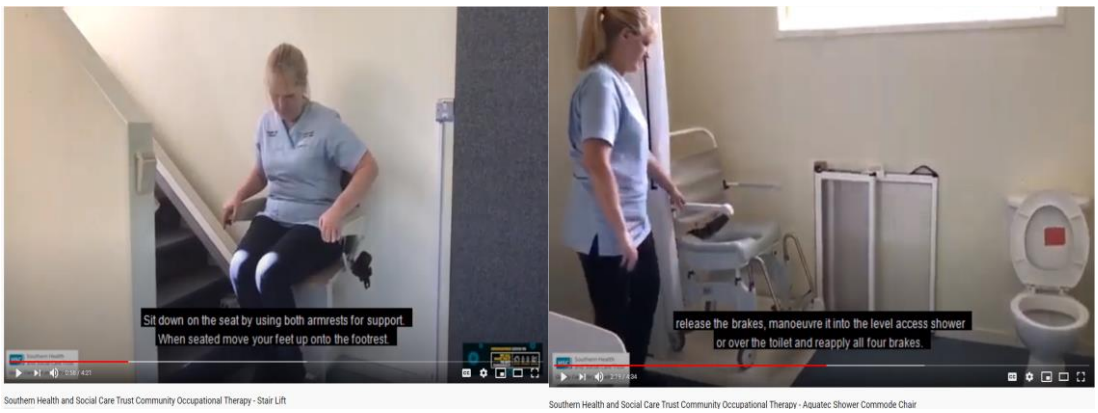
- ICTs made maximum use of technology, home working and significant office/environmental changes such as the cleansing of all items and paperwork as appropriate, in order to ensure staff could adhere to the 2 meter distancing. The challenge presented by the environmental changes was met by thinking creatively of working in new ways. Working from home, adapting office spaces, holding meetings virtually via desktop/zoom and increased telephone contact.
- Staff planned visits throughout one day at a time leaving from home and returning home and therefore freeing space in the offices.
- A number of staff across ICTs purchased their own laptops in order to facilitate remote working as access to technology within the Trust was extremely challenging due to increased demand.

Staffing

- Our teams worked closely with colleagues in other services in order to ensure priorities were shared and that the redeployment of staff was based on the overall priority of the community clients as a whole as opposed to being based on service specific. This also extended to our Acute Colleagues.
- We were faced with continual staffing difficulties, due to direct COVID sickness, shielding requirements to keep staff safe and isolation requirements to ensure compliance with Governance and Infection Control guidelines and measures. In order to adapt to these challenges, staff adapted their day to day tasks within their roles and then distributed the work. Staff undertook home visits for colleagues that were non-patient facing and those required to be non-patient facing undertook increased virtual calls, paperwork and administrative tasks in order to relieve colleagues to do visits. Each and every team member worked flexibly to ensure essential service continued.
- Managers worked closely with Human Resource Colleagues to ensure they were clear on their duty of care to staff and in keeping with ever changing guidelines and recommendations.

Occupational Therapy (OTs) – You Tube Video Library

- Community OTs are routinely involved in supporting clients, families and carers with the appropriate and safe use of equipment. During COVID, community OTs in ICTs compiled You Tube videos to provide visual and auditory guidance around the safe use of equipment. This provided an opportunity for reduced footfall in client's homes which was very welcomed by clients and their families at a time when many were concerned about the risks of COVID-19. This also maximised staff time and allowed redirection to urgent referrals and assessments. This initiative has been very successful and is one that will continue moving forward.



Specialised Seating Pathway

There was the development of a Specialised Seating Pathway to ease discharge pressures from Acute to Community settings. The Pathway was recognised for its value within the

Acute setting and further development is underway to roll this out on a permanent basis and to ease communication between acute, non-acute, specialised and core teams.

Social Care Needs

- COVID presented the challenge of reduced opportunities to socialise and access to services that meets these needs. This in turn resulted in increased loneliness and social isolation particularly for our older population. Social Workers and Social Care Workers within ICTs worked creatively to develop alternatives to day care opportunities such as encouraging virtual contact between family members and also ensuring increased telephone monitoring calls with Service Users to minimise risk of issues going unreported. Domiciliary care support was increased in order to ensure critical basic nutritional and physical needs were being met. This involved very close positive working relations with our Trust Home Care colleagues and the independent sector.
- This support has also seen an increase in carer's assessments this year with a focus on prioritising and recognising the increased roles and pressures many carers faced during the COVID-19 pandemic, particularly in the early stages.

Examples of improvement work established to meet the needs of community clients

Integrated Care Teams

Roll out of Manual Handling Risk Assessments (MHRA) on Paris

- This improvement initiative was led by Physiotherapy within the community Integrated Care Teams who worked alongside other Allied Health colleagues and District Nurses.
- The introduction of Manual Handling Risk Assessments onto Paris has resulted in improvements for professionals and Service Users alike. Having direct access to a Service User's MHRA on the Paris system has minimised the duplication of work, whereby a MHRA already exists and another professional then commences a new one due to difficulty locating or accessing an original.
- This has streamlined access to information and ensured increased safety for Service Users whereby professionals can clearly see any live changes to recommendations and can work from the most current assessment and review.
- This in turn has reduced the need for multiple telephone calls and email communication.
- It has streamlined the format and layout and clarity in the recommendations.
- This project has now been rolled out across all ICTs and is now operating Trust wide.

COVID Vaccination Programmes

ICTs have been involved in all COVID vaccination programmes across the SHSCT including;

- Care Homes
- SHSCT Public Programme at South Lakes
- Homelessness Programme
- Inpatient Vaccination Programme
- Day Centres
- Pop-Up clinics
- District Nurses within ICTs have led Trust wide on the domiciliary COVID vaccinations for those clients that are restricted to their own homes. This has required significant coordination and continuous learning.

Facts and Figures

The domiciliary programme has administered a total of **3172** doses of the COVID vaccines to clients in their own home since January 2021.

In order to successfully achieve the COVID vaccination programmes, the ICTs worked positively with all other divisions/directorates within the Trust including Mental Health, Acute, Non-Cute, Children's service, Transport, Pharmacy, Catering, Planning and HR. **It was the cohesive working relations that enabled the programmes to work.**

The learning from this is that working across Directorates and Division can often ensure a better use of resources and shared learning and moving forward, ICTs are very keen to work closely with other Directorates on projects and sincerely move away from silo working. The COVID vacation programme in the SHSCT evidenced this.

The vaccination programme seen input from all health and social care colleagues, each bringing a different skill mix.

ICT Physiotherapists Undertake Non-Medical Prescribing Pilot

Non-medical prescribing Physiotherapists have undertaken additional training to enable them to prescribe medications directly to patients for acute pain management within the area of musculoskeletal conditions. It is anticipated that the pilot will demonstrate benefits to patients in the reduction of delays in accessing medication, allow patients to access medications in a timely manner from the most appropriate prescriber and promote faster recovery. Other benefits we hope to demonstrate include a reduction of unnecessary appointments and enable enhanced management of patient care.

Electronic Induction Booklet for ICT Community Occupational Therapy

The introduction of a new electronic induction booklet for ICT OTs has ensured consistency across all OT staff being inducted into new posts with ICTs. This quality improvement initiative has ensured that increased Governance arrangements around a strong induction and provided a harmonised approach across our service. This initiative is currently being rolled across all **staff in ICTs with an end goal of one electronic induction pack for all staff working within ICTs.**

District Nursing

In line with the District Nursing Framework there are a number of quality improvement initiatives across District Nursing at present. Some of which includes the implementation of nursing quality indicators being across the district nursing service regionally. The SHSCT are leading regionally on the MUST nursing quality indicator. District nursing teams also continue to pursue the development and the rollout of clinics to facilitate Intravenous antibiotic administration and the management of central venous access devices. District nursing currently have a number of Master Students undertaking quality improvement pieces to further enhance district nursing moving forward.

Following a very successful Neighbourhood District Nursing pilot within the Moy and Dungannon ICT; this new model and ethos will be rolled out across the SHSCT and the year ahead. Staffs involved in this pilot have been able to access the QNI Leadership Programme which provided an opportunity to use reflective skills and a safe environment to challenge current practice which in turn has enhanced the delivery of safe and effective care.

Access and Information Social Workers and Intermediate Care Teams (ICTs)

ICTs have worked collaboratively with our Access and Information colleagues to further enhance the service between the receipt of initial referrals for clients and the input from the core ICTs. This has resulted in a more timely response for clients and their families. The timely response these Service Users and their carers received has ensured a more responsive service that we would not have been able to provide directly within ICT. This has also

supported the appropriate signposting of support at an earlier stage, therefore enhancing independence for Service Users and Carers.

Facts and Figures

In the first 6 months, Access and Information Social Workers along with the intervention and support from Access and Information Officers, worked with over **570 clients** that otherwise would have been referred directly to ICTs.

Physiotherapy

In the shadow of the COVID-19 pandemic, the Occupational Health/Moving and Handling Physiotherapy team lost access to most of their physiotherapy treatment/training space. The Teams had to review how they delivered moving and handling training and physiotherapy assessment and treatment services to ensure our valued workforce were safe to carry out their moving and handling duties with patients and fit to return to or stay at work while they were receiving treatment for Musculoskeletal problems. This meant that they had to change their ways of working to provide assessment and treatments commenced via telephone or video consultation. In relation to treatments as limited physiotherapy space became available increased face to face appointments were able to be facilitated.

MSK Staff Problems	Total
Number of New Patients	268
Total Number of Reviews:	**646**
Telephone Reviews	459
Face to Face Reviews	187
Total Number of Referrals Received:	**280**
Urgent Referrals	127
Routine Referrals	149
Awaiting more information	2

Reablement and Community Equipment

Reablement Service

The importance of Reablement as a designated discharge pathway for patients in both Acute and Non-Acute Hospitals has been highlighted during the pandemic period, and specifically in supporting patient flow and facilitating timely hospital discharges.

In ensuring timely hospital discharges over this pandemic period, Reablement flexed up from a 5 day service to provision of a 7 day service, providing assessment and intervention over the weekends and bank holidays, to ensure patient flow through our hospitals and preventing hospital admissions. Moving forward it is hoped that the development of the Regional Strategic Intermediate Care Framework by March 2022, will recognise the impact of the provision of a 7 day Reablement Service and include the commissioning of a 7 day Reablement Service as part of the framework.

Community Equipment Service

During the COVID 19 pandemic the vital supporting role that the Community Equipment Service had in patient flow through our hospitals, facilitating timely hospital discharges and preventing hospital admission by providing the essential equipment to support patients to be cared for at home, was highlighted. Additional driver capacity through the Workforce Appeal initiative enabled the service to extend its current 5 day service to be highly responsive to the delivery of equipment to support same day discharges and discharges over the weekend period. It also enabled an increase in equipment collections which brought valuable stock back into the system more quickly, to be recycled and available for reused as needed.

Both the Reablement Service and Community Equipment Service are represented at the daily Community Hub Meeting. This facilitates timely communication and escalation by all community services represented with the aim of expediting timely hospital discharges and maintaining patient flow in the hospitals, but also in those community services which are essential hospital discharge pathways. This is an example of improved integrated working across the system and services.

Podiatry

During COVID19 pandemic the podiatry service has embraced new ways of working through the use of technology. When access to nursing and residential homes was restricted, staff continued to monitor patient progress via telephone and with the use of photographs submitted electronically as visual aids to gauge progress or deterioration of foot wounds. Community patients who made contact with the service regarding concerns re skin breakdown; infection etc. were also encouraged to submit photographs electronically to allow clinicians to ascertain if a face to face appointment was required and to allow for appropriate foot care advice to be provided. Telephone clinics for both new and review patients referred with abnormalities of gait have been established which will now remain as part of our core service delivery moving forward.

Staff meetings, training and supervision sessions are all facilitated via zoom and staff feedback has been very positive on same.

During the pandemic the podiatry service has worked closely with Diabetes, Acute and Learning Disability podiatry teams to ensure the best use of all available resources, to ensure the provision of a high quality, responsive service that meets the needs of the service user. We will continue to embrace the use of technology moving forward to support the rebuild of our service.

Residential Care

What have Residential Care Services learned from the COVID19 Pandemic?

Residential homes are critical to the provision of health and social care. They provide step down support for those who have been in hospital and require a further short stay period outside an acute hospital setting to support on-going recuperation or rehabilitation. Step–up care is offered to those who are admitted from home and for those older people who may be vulnerable, frail, and/or require rehabilitation to enhance their independence and confidence before returning home. The homes also offer palliative support for those approaching end-of-life and no longer able to remain in their home or much needed respite for carers and relatives in need of a short period of respite to support their on-going caring role.

From February 2020 the residential homes rapidly adapted their service in response to the COVID-19 Pandemic. In addition to implementing new and revised guidelines and policies, the residential care staff reconfigured services and worked closely with IPC to implement enhanced cleaning schedules within the home. They introduced Donning and Doffing areas within each home and provided training to all staff on the safe use of PPE.

With the introduction of reduced footfall into the home and the introduction of visiting restrictions the homes moved to quickly implement alternative forms of connecting residents with families using a number of electronic platforms.

Links with GP's, Community Nursing, ICS clinicians, CPN's, Social Workers and AC@H professionals where strengthen as homes worked closely to provide high level safe care with the support of many community teams.

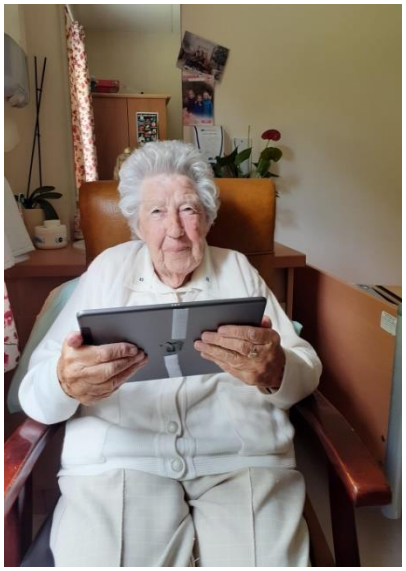
The Residential Home Managers and staff navigated a complex and rapidly changing environment making complex decisions to ensure they continued to deliver safe and effective care. They navigated COVID-19 outbreaks and adapted routine care practices and service delivery to meet the rapidly changing infection control requirements. They successfully introduced testing protocols for residents and staff, participated in the successful COVID vaccination programme all while managing workforce challenges compounded by staff illness, shielding, school closures etc While managing their own caring responsibilities.

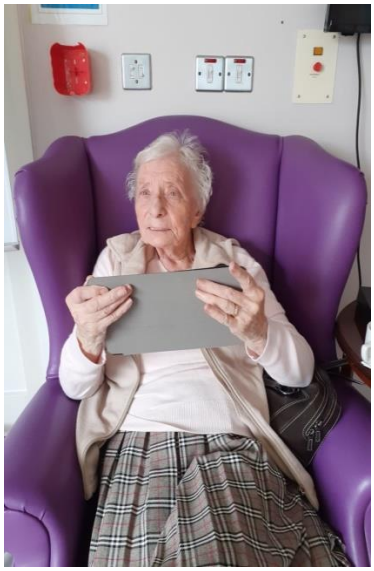
How the service has risen to the COVID 19 challenges and how they are moving forward.

Adapting to the constraints of lockdown required new approaches to care as well as managing the daily care demands of residents alongside COVID-19 restrictions. This included developing approaches that enabled staff to support their own resilience and stamina whilst simultaneously caring for those without COVID-19, those who were COVID positive, and those recovering post-COVID who needed rehabilitation. There were additional demands of infection control-related cleaning and administrative activities, for example, deep cleaning after COVID-infection and completing daily mandatory online information reporting templates required by the Trust, HSCB and RQIA.

Daily routines changed for residents. The impact of precautionary and required isolation as well as restricted movement throughout the home was often difficult for residents and relatives to understand. Across all the homes, residents were encouraged to participate in meaningful activities as an integral part of their care.

Residents missed face to face contact with family. However the implementation of social media in the homes supported by the installation of Wi Fi created a new and accessible skill set for older people which continues to be enjoyed. (Photo below, Left to Right: Nan Campbell and Jessie Campbell – Slieve Roe residents using IPads to keep in touch with relatives).





The Residential homes had an opportunity to engage in a regional improvement programme supported by Mental Health Innovation Funding. This was utilised to re-design garden spaces and courtyards for the residents' pleasure as well as promoting and enhancing outdoor visiting. The programme was a successful PPI initiative alongside delivering improved accessibility and aesthetic appearance to the homes external environment. (Photos below: Roxborough House).

(Photo below: Slieve Roe)

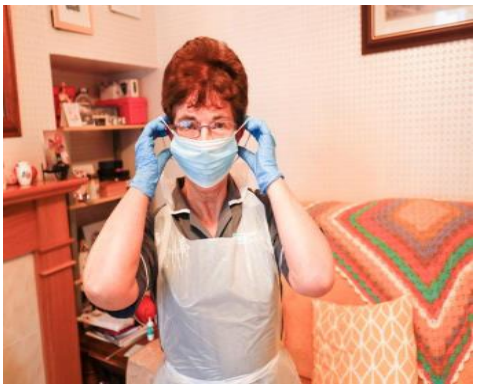
The challenges of COVID 19 have delivered useful insights as improvement work within the residential homes continued through the pandemic. It is important to recognise the ability of

residential care staff to identify and resolve emerging issues in the residential homes stepping -up to undertake training and implementing new ways of working as well as sustaining important PPI engagement processes.

The statutory residential care homes enhanced their potential to act in a more concerted, and collaborative way, delivering creative solutions and pathways to support hospital discharges as well as important logistical community solutions to support older people. This will continue as we rebuild services moving forward.

Domiciliary Care

During the COVID-19 Pandemic, the Trust Domiciliary Care Service successfully initiated its own continuity plan. Care services continued to be delivered to approx. 2500 clients and it responded to those service users that were unable to go to day centres.



The service continued to monitor the quality of care via their Monitoring managers making telephone calls instead of home visits during the pandemic.

The service has adapted to be even more resilient as it continued to provide care when a number of other services where stood down and responded where it could to assist hospital discharges during the various surges

Staff adapted quickly to the wearing of appropriate PPE and were creative in how they could provide albeit limited but a safe service i.e. seeking alternatives to social outings for children and adults with disabilities when community facilities where closed.

The introduction of Home working assisted office staff to manage childcare when schools where closed and when staff had to isolate.

The service successfully implemented PPE delivery and collection for 1100 care staff which it still continues to provide.

Audits

No RQIA quality improvement recommendations and requirements were issued to the service following the RQIA annual inspection in 2020. Internal Audit is satisfied that most recommendations have been fully implemented.

Independent Domiciliary Care Sector response and learning from the Pandemic

- The Trust set up weekly teleconferences and later moved to host these via Zoom for all Independent Sector providers.(ISPs)

- The service in collaboration with the Community Stores Dept. and OPPC Governance Dept. made arrangements for a single point of contact for ISPs to be able to collect PPE from the Trust as required and continues to do so.
- The Service arranged PPE demonstration days for ISPs to attend, so they could cascade this through their own organisation. The Trust also provided videos and learning material re IPC / PPE. The service continued to monitor quality of care and IPC / PPE compliance of this sector.
- Established a single communication point (email) to streamline communication sent from the Trust
- The Trust's Contracts Dept. set up a dedicated social care contracts email address to facilitate ISP's queries which continues to be used.
- The Trust facilitated FIT red PPE testing for ISPS's
- A daily SitRep report was completed and submitted to Emergency The SitRep is a useful tool for collating information and learning post pandemic.

Care Home Support Team

During 2020/2021 the Care Home Support Team continued to develop collaborative working arrangements with the Independent Sector Care Homes across the SHSCT locality. In response to the COVID-19 pandemic, a number of changes were made to the operations of the Care Home Support Team in order to enhance support to Care Homes. A member of the Care Home Support Team integrated into the newly established Community Rapid Response Team Hub 9am to 5pm, Monday to Sunday. This provided a single point of contact for support for Care Homes and for support from the Acute Care at Home Team in relation to Care Home issues, seven days per week.

The Care Home Support Team in conjunction with colleagues from Corporate Nursing Governance, Mental Health and Disability Services and Infection Prevention Control established a Care Home Information Support Hub to coordinate the support provided to a Care Home when the Care Home is dealing with symptomatic residents, a COVID positive resident or COVID positive staff members and at the time of COVID-19 outbreak. The Hub interrogates the information obtained through the RQIA Care Home app on a daily basis and follows up on any issues highlighted with each individual care home. This ensures that Care Homes are supported in a timely manner and connected to Trust resources as required: Infection Prevention and Control Team, provision of PPE, PPE training, Clinical Support for residents and Trust staffing support for the Care Home through the Trust Nurse Bank and through a weekend on-call rota for Care Homes.

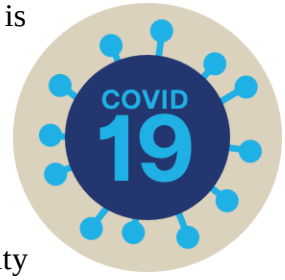
Keyworkers within the Care Home Support Team also provided a minimum of a weekly support telephone call to their aligned Care Homes within the SHSCT area. The purpose of the call is to review the overall status of the home and check if the Care Home is experiencing any challenges that the Trust could assist with at that time.

The Clinical Nurse Facilitator within Care Home Support Team continued to provide face to face syringe pump training for Care Home nurses and training in relation to symptom management at end of life.

The Care Home Support Team in partnership with Mental Health and Disability Services, established and hosted a biweekly operational Care Home Managers meeting via Zoom and also a monthly education ECHO session for Care Home staff. The agenda for the operational meeting and the content of the education sessions is tailored to meet the support and educational needs identified by the Care Homes.

Community COVID-19 Screening

A Community COVID-19 Screening Team was also established and is available to swab care home residents when:



- A resident is required to have COVID-19 screening to facilitate an admission to an alternative care facility - care home/hospice/hospital
- A Symptomatic resident in a care home/supported living facility requires screening for COVID-19
- COVID-19 screening is required for all residents and staff within a care home/supported living facility, following the declaration of an outbreak in that facility.

The Community COVID-19 Screening Team also carries out domiciliary visits to complete COVID-19 screening prior to hospital admission.

Mutual aid and support to Care Homes - Supply of Defibrillators to Care Homes

As part of the measures to support Residential and Nursing Homes in their COVID-19 response, the Minister for Health made available a package of financial support.

Through this package funds were made available for a range of essential equipment including Automated External Defibrillators (AEDs). These AEDs were purchased on behalf of Care Homes and gifted by SHSCT and have now been distributed to Care Homes. SHSCT have sign posted Care Homes to appropriate resources and training for their staff.

Contract Management

When required, SHSCT Contract Management arrangements were stepped up by Care Home Support Team. This supported the delivery and continuity of safe and effective care in Care Homes where Trust staff had identified issues with service delivery or where RQIA had raised compliance or quality improvement issues as part of their Care Home Inspection programme.

5.2 Mental Health

Crisis Planning

The Southern HSC continues to lead and implement the regional Toward Zero Suicide (TZS) programme – a patient safety collaborative seeking transformational change to reduce suicidal behaviour and deaths amongst individuals known to mental health services. The Programme includes the delivery of staff training, suicide specific interventions and revisions to care pathways, practice and organisational culture.

In the past year, the Southern Trust mental health services has been working with other partner agencies in the community and voluntary sector, to achieve the aims as outlined above. Collaborative safety planning has been a particular area of focus, with adult mental health services having completed 3 PDSA cycles of Collaborative Safety Planning over the past 18 months. **Since October 2020, the TZS Service Improvement Manager has also facilitated 44 Safety Planning information sessions attended by 320 clinicians. A total of 120 Collaborative Safety Plans have been completed during these PDSA cycles and data shared for regional learning.** The Southern Trust has also shared, with regional colleagues, the templates and processes developed to test Stanley Safety Planning in Adult Mental Health Liaison and Crisis Services.

Safety planning is a key element of the Suicide Prevention Care Pathway (SPCP) pilot which will be launched in the Southern Trust on the 11th October 2021 in Newry. Trust and community services involved in the pilot, will use a consistent approach to Safety planning and follow-up review for individuals who present with suicidality. In preparation for the launch of the pilot, clinical staffs are undertaking CASE / Pisani training, communication systems are being enhanced to improve safety during transition between services and data is being collected on the pilot of the WELL-Bean cafe.

Physical Care of the Mentally

Adult mental health services continues to focus on the physical health of individuals with serious mental illness, recognising that they are at greater risk of poor physical health and have a higher premature mortality than the general population. Building on previous reported improvements in this area of work, Adult Mental Health Services continue to offer routine physical health screening checks for individuals in line with the Lester Guidance. ncap-e-version-nice-endorsed-lester-uk-adaptation.pdf (rcpsych.ac.uk)

Investment in the last year has facilitated the employment of general nurses and a physical health lead nurse to prioritise the physical health care provided to individuals open to mental health services. Whilst COVID has impacted on the progress of the physical health care service, locality clinics and outreach appointments are available to individuals open the Support and

Recovery mental health and Eating Disorder Service. The Physical Health Expert Reference Group, established in 2020, continues to meet to provide a multi-disciplinary forum for policy and pathway review and service development.

Delirium Bundles

In the past year, a steering group for dementia and delirium – '**The Dementia and Delirium Pathway to Improvement Group'** - has been established in the Trust and incorporates representatives from across the Acute Hospitals, Non-acute Hospitals and Mental Health Service. The aim of this multi-disciplinary and cross-directorate group is to promote collaborative working between key stakeholders at locality level and act as a mechanism for identifying, communicating and implementing agreed priorities and actions to enhance and improve hospital care provision and discharge for this specific group of individuals.

Delirium Champions have been identified on each ward in Craigavon Area Hospital and to date, working with the Mental Health Integrated Liaison Service, have delivered two delirium training programmes, with more to follow in the months ahead.

In partnership with the Quality Improvement Team, a project has been established with the aim of using a delirium bundle to increase patient assessment, prevention, management and diagnosis. This work will be co-produced by acute staff and mental health integrated liaison staff.

5.3 Children's Social Care Services

Looked After Children

Facts and Figures

- During 2020/21**, 1380 LAC reviews** were held
- **154** of these were held outside of timescale

Permanency Planning

Facts and Figures

- There were **591** fulltime looked after children as of 31/03/2021 and of these, **554** fulltime looked after children had a permanency plan in place.

Children identified as being at risk are seen and spoken to within 24 hours

Facts and Figures

- There were **866** Child Protection referrals during 2020/21.
- Of these 866 CP referrals, **690** were referred between **Jul-20 & Mar-21** and **all** were seen & spoken to within 24hrs
- During Apr-20 to Jun-20 there were 176 CP referrals however seen & spoken to data wasn't collected during early part of pandemic as Priority 5 reporting was stood down however it is likely that all 176 were seen & spoken to within 24hrs.

Individual Care assessments

Facts and Figures

During 2020/21 there were:

- **122 child carers**
- This is a **decrease from 325** in 2019/20

Education, Training and Employment – Care Leavers

Facts and Figures

- There were **258** young people subject to Leaving Care Act as f 31/03/2021
- Of these **248** were in education, training & employment – 10 have an ETE status of 'other' (sick/disabled, parent, carer).

Direct Payments

- The provision of direct payments by a Health and Social Care Trust enables families to locally source the care they require, allowing the individual to choose how they are supported within their community.
- Direct Payments continue to be promoted to families by social workers in the Children with Disabilities Teams.
- Direct Payments enable families to locally source the care they require, allowing the individual to choose how they are supported within their community.

Facts and Figures

During 2020/21:

- **274 children received direct payments**.
- This figure has **increased from 269** children in March 2020

5.4 Adult Social Care Services

Resettlement of Adults with a Learning Disability

The ultimate goal of this Trust is to improve the quality of life for those with learning disabilities. This is done by providing a range of services that will support personal choice; move away from a service-led to needs-led approach and challenge and change mind-sets that may affect the individual's potential to become an integral and valued member of their community.

Sustainable integration into the community of individuals with learning disabilities who no longer require assessment and treatment in a hospital setting is a priority for all Health and Social Care Trusts.

Individual Care Assessments

There are a significant population of carers within the region. Health and Social Care Trusts are required to offer individual assessments to those people known to have caring responsibilities.

Facts and Figures

During 2020/21 there were:

- **2082 adult carers** across Physical Disability, Learning Disability, Mental Health and Older People & Primary Care services who were offered individual care assessments.
- This is a **decrease of 22%** on 2019/20.

Adult Protection plans

There are many vulnerable people in the community and those who are most at risk should have in place adult protection plans following investigation.

Facts and Figures

- During 2020/21 there were **189 adults referred** for investigation and identified as at risk, during the year had an adult protection plan in place at 31st March 2021.
- This is a **27% decrease** from the previous year, 2019/20.

Direct Payments

Direct Payments provide services users and their families an element of choice in determining the care they receive.

Facts and Figures

During 2020/21:

- **661 adults received direct payments**, to break this figure down further -
  - There are **226** elderly adults
  - There are **41** adults with ill mental health
  - There are **242** adults with a Learning disability
  - There are **152** with a physical and sensory disability
- This figure has **increased from 606** adults in March 2020
  - Increase in elderly by 27
  - Increase in Learning disability by 22
  - Increase in Physical and sensory disability by 6

Approved Social Work

Facts and Figures

During 2020/21 the % of assessments carried out by an approved social worker were:

- Older People and Primary Care – **92%**
- Mental Health **– 98%**
- Learning Disabilities – **100%**
- Physical and Sensory disabilities – **100%**

Safety, Quality & Experience South

Southern Health and Social Care Trust

Quality Care - for you, with you

Annual Quality Report 2020/21

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